



P.O. Box 25209  
Santa Ana, CA 92799-5209  
Phone: 714-619-4660  
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## Memorandum

**To:** Gerber Life Insurance Company Insureds  
**From:** MES*Vision*  
**Date:** 06/01/12  
**Re:** Disclosure of Language Assistance Availability

- Spoken Language Preference
- Written Language Preference

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As you may be aware, the state of California requires health plans and insurance companies to ask patients for their language preferences and provide free language assistance services. Based on patient feedback, plans determine if there is a concentration of languages that require the translation of benefit documents into those threshold languages.

Insureds may inform *MESVision* of their language preference by:

- Calling Customer Service at 1-800-877-6372 from 8:00 am – 5:00 pm Pacific Standard Time;
- Visiting *MESVision* website at [www.mesvision.com](http://www.mesvision.com). Go to "Members" page, after the member sign-on screen, click on "View Your Account's Details" and then click "Edit Your Information";
- Submitting a completed Patient Survey (*attached*) or directly on the *MESVision* website at [www.mesvision.com](http://www.mesvision.com). After the member sign-on screen, click on "Patient Feedback Form";
- E-mailing to: [Customerservice@mesvision.com](mailto:Customerservice@mesvision.com); and  
(Please include the subscriber's full name, subscriber's group/employer name, the last four digits of the subscriber's social security number OR date of birth.)
- Submitting information to the subscriber's Human Resources Department for inclusion on the monthly Eligibility Control Form (*Included with the MESVision premium billing statement*).

Thank you for helping us provide language assistance services to you and your family.



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Patient Name: \_\_\_\_\_  
 Last 4 digits of SSN: \_\_\_\_\_  
 OR Date of Birth: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_  
 Date of Service: \_\_\_\_\_

Service Type (circle all that apply): Exam    Lens    Frame    Contacts

Si usted prefiere este cuestionario en español, por favor llámenos o visite nuestro sitio web.

Medical Eye Services (**MES Vision**) is the administrator for your company's vision Plan. One of our corporate goals is to improve the delivery, claims processing, and servicing of your vision plan whenever possible. We would greatly appreciate your feedback & have enclosed a pre-addressed envelope for your convenience. Thank you.

**Please rate the following:**

	EXCELLENT	GOOD	FAIR	POOR
1. Your experience with the examining provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your experience with the eyewear provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Quality of examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Quality of eyewear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Provider staff's understanding of your vision plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you recently called MES Customer Service Department?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
a) If yes, please rate the experience and explain below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you recently accessed the MES website?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
a) If yes, please rate your experience and explain below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Please rate your overall experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did you receive benefit material?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
a) If yes, was the information in your benefit material helpful?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide suggested additions or changes to benefit material in space provided at the back of this page.				
10. Did you find a participating provider in your area?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "No", please complete and return the "Recommendation for Vision Care Provider" form enclosed.				
11. When making your appointment, were you able to receive the appointment time within:				
<input type="checkbox"/> 1) less than 1 week	<input type="checkbox"/> 2) 1-2 weeks	<input type="checkbox"/> 3) 3-4 weeks	<input type="checkbox"/> 4) more than 4 weeks	
12. a) After your scheduled appointment, how long did you wait before vision care services began?				
<input type="checkbox"/> 1) less than 10 minutes	<input type="checkbox"/> 2) 10-20 minutes	<input type="checkbox"/> 3) 21-30 minutes	<input type="checkbox"/> 4) more than 30 minutes	
b) If it was necessary, was your appointment re-scheduled timely?				
<input type="checkbox"/> 1) less than 1 week	<input type="checkbox"/> 2) 1-2 weeks	<input type="checkbox"/> 3) 3-4 weeks	<input type="checkbox"/> 4) more than 4 weeks	
c) If you called your eye doctor after hours, did you get a message advising you how to obtain urgent or emergency care or to contact your medical provider/plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
13. While at the provider's office:				
a) Were you interested in (and did you ask for) patient educational materials? (vision care brochures, pamphlets, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, go to #14	
b) If interested, did you ask for and receive patient educational materials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
c) If patient educational materials were not available, what vision care topics were you looking for?	_____			
14. Please specify your language preferences to help us improve our language assistance program.				
Preferred spoken language: _____				
Preferred written language: _____				
15. If your preferred spoken language is <i>not</i> English, were you able to easily communicate with the provider/provider staff during your office appointment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, please explain on back of this page.	
16. May MES share your survey responses/comments with your provider? This is used for quality improvement purposes.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		



MESVISION LANGUAGE ASSISTANCE PROGRAM
NOTICE OF AVAILABILITY

THRESHOLD LANGUAGES:

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-877-6372. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-877-6372. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

NON-THRESHOLD LANGUAGES:

No Cost Language Services. You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-800-877-6372. For more help call the CA Dept. of Insurance at 1-800-927-4357 English

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-877-6372. للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357 Arabic.

Անվճար էկզպիկսիկ ծառայություններ: Հոյր կարող էք թարգմանն ձեր բերել և փաստաթղթերը ընթերցել սալ ձեզ հասար հայերն լեզվով: Օգնության համար սեզ գանգահարեք ձեր ինքնության (ID) տուճի վրա նշված կամ 1-800-877-6372 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով գանգահարեք Կալիֆորնիայի Ասպահնվազումության Բաճսնմանը: Armenian

免費語言服務 您可獲得口譯員服務，用中文把文件唸給您聽。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-800-877-6372 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡 Chinese

Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau pab ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-800-877-6372. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または 1-800-877-6372 までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

សេវាភាសាឥតគិតថ្លៃ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអាចឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមាន បញ្ជាក់លើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-800-877-6372 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-800-877-6372 번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

خدمات مجاني مربوط به زبان. می‌توانید از خدمات یک مترجم شفاهی استفاده کنید و بگویند مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، یا ما از طریق شماره تلفنی که روی کارت شناسایی شما قید شده است و یا این شماره 1-800-877-6372 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਬਾਰਾ ਸੇਵਾਵਾਂ ਵਾਲੇ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-877-6372 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-877-6372. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-877-6372. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-800-877-6372. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese.