



NEW WEST

HEALTH PLAN • HEALTH SERVICES

Vision Endorsement

(New West Health Plan and New West Health Services are referred to below as "New West" and Vision Service Plan Insurance Company is referred to as "VSP.")

This vision endorsement is part of the plan under which you are covered. The benefits described in this endorsement are subject to the terms and conditions of the plan, except as otherwise specifically provided in this endorsement.

NETWORK PROGRAM

Information regarding the vision program network, including the identification of network providers, is included in your enrollment packet and is available by contacting New West or by visiting the VSP internet site at www.vsp.com.

BENEFITS AND COPAYMENTS

	VSP PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Examination Every 12 months	Paid in full after \$10 copayment	Up to \$42 per exam*
Hardware (eyeglass frames and lenses) Every 12 months OR	\$100 allowance and 20% discount from provider's usual fees for complete set of frames and lenses	Up to \$100 allowance*
Elective Contacts (instead of eyeglass frames & lenses) Every 12 months	Up to \$100 allowance	Up to \$100 allowance*

*Members must submit claims for services received from non-participating providers directly to VSP for reimbursement of allowed charges. Please contact the VSP Customer Service Department directly at **1-800-877-7195** for assistance. Non-participating provider claims should be faxed to VSP at 1-916-851-5152 or mailed to:

VSP
Attn: Out-of-Network Claims
PO Box 997105
Sacramento, CA 95899-7105