

VISION INSURANCE – VSP

CPC offers one vision plan through VSP (PPO), covering both in-network and out-of-network providers. For the best value, use a VSP network provider. Find providers at www.vsp.com.

VSP VISION CARE

1-800-877-7195
www.vsp.com

Benefit	Frequency	In-Network Benefit
Eye Examination	Every 12 months	\$10 copay
Lenses (Single Vision, Bifocal, Trifocal, Lenticular)	Every 12 months	\$25 copay
Frames	Every 12 months	\$130 allowance + 20% off balance
Contact Lenses (in lieu of glasses)	Every 12 months	\$135 allowance

Out-of-network benefits apply. See www.cpcbenefits.org/vision for full plan details.