Vision Insurance

TerrAscend offers one vision plan through VSP.

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

Plan Year: **January 1 – December 31, 2026**	**VSP CHOICE PLAN**
IN-NETWORK	
EYE EXAM	Every 12 months
WellVision Exam	$5 copay
Routine Retinal Screening	$39 copay
LENSES	Every 12 months
Single Vision	$10 copay
Bifocal Lenses	$10 copay
Trifocal Lenses	$10 copay
Lenticular Lenses	$10 copay
FRAMES	Every 24 months
	$150 allowance
CONTACT LENSES	Every 12 months
Elective	$130 allowance
Medically Necessary	$0 copay

BI-WEEKLY COST FOR VISION COVERAGE	
Employee Only	$2.98
Employee + Spouse	$5.96
Employee + Child(ren)	$6.37
Employee + Family	$10.20