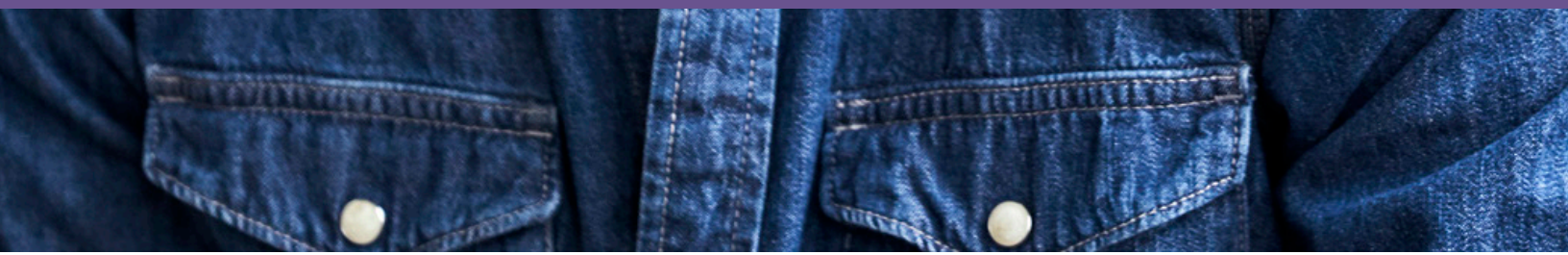




DeltaVision[®]

2021 Minnesota
Small Business Vision Plans





DeltaVision® 2021

Give your business the winning edge with DeltaVision®. By offering both dental and vision, our clients can enjoy the ease and simplicity of more complete benefits.

The new 2021 DeltaVision® plans will deliver everything your employees need to give their eyes the best care. Our expansive network offers a variety of local, national and retail options, so it's easy to make the most of your benefits.

Partnering with Delta Dental of Minnesota to focus on better health.

Delta Dental of Minnesota is proud to partner with EyeMed through Delta Dental of Minnesota's affiliate Health Ventures Network to offer simple yet comprehensive vision benefits for employers large and small.

*DeltaVision® is only offered to employers based within the state of Minnesota.
It is not offered to clients in North Dakota*



DeltaVision®
150 Materials Only

Coverage you need at the best price.

DeltaVision®
200 Materials Only

Boost your employee benefits with additional plan allowance.

DeltaVision®
200

Powerful benefits and added convenience with covered exams.

See the difference.

DeltaVision® offers three plans for ease of choice and administration for our clients. With frame allowances, frame frequencies, and extra discounts that meet member's desires!

Our Materials Only plans offer a 12-month frame frequency for those members with more frequent frame replacement needs while our Materials Plus Exam plan offers a higher frame allowance and an exam to enhance members experience.



75%

Of Americans experience vision symptoms that require glasses, contacts or other care.¹



45 million

People in the U.S. wear contact lenses.²



Eye Exams

Help identify early signs of certain chronic health conditions.³

- High blood pressure
- Diabetes
- Heart disease
- High cholesterol



Vision benefits that offer flexibility, choice and savings.

DeltaVision® makes it easy for employees to take advantage of their vision benefits.



Access to care starts with the Insight network

With thousands of in-network eye doctors, top optical retailers and popular brand name options, your employees will receive care that is suited just for them.



Frame choices that meet members' needs and style

Members get to choose their frames from a variety of brands, including the world's leading designers.⁴



In-network online options

Members can shop and buy glasses, contacts and prescription sunglasses from their computer, smartphone or tablet.



Easy benefit management

Fast and simple member access to their benefit breakdown, savings snapshot, cost estimator and a detailed eye doctor search are available in the secure member portal.

¹ "US optical overview and outlook," The Vision Council (December 2015). Accessed December 2019.

² Centers for Disease Control and Prevention, <https://www.cdc.gov/contactlenses/fast-facts.html>. Accessed December 2019.

³ "Keep an eye on your vision health," Centers for Disease Control and Prevention, <https://www.cdc.gov>. Accessed December 2019.

⁴ All brands may not be available at all provider locations.

Boost your benefits by adding DeltaVision®!

By offering both dental and vision plans, our clients can enjoy the ease and simplicity of a more complete benefits package.

At Delta Dental of Minnesota, our eyes are focused on overall health. This means expanding our product offerings so that members can progress in their individual health journey.

We are proud to offer simple yet comprehensive vision benefits for employers large and small, with easy-to-use online tools for finding an eye doctor, shopping for glasses or contacts, managing account details, and more.

Eyes are a window to health and wellness.

Through routine eye examinations, early signs of some chronic health conditions such as high blood pressure, diabetes, heart disease and high cholesterol can be detected. These conditions impact other aspects of overall health.



See the advantages of combining

Benefits that keep your business prosperous.



Benefits management

Employers and client administrators have the ability to access and manage their dental and vision plan details through our enhanced Employer Services Portal (ESP).



Enhanced offerings

The importance of vision coverage doesn't end with attracting and retaining employees. Providing employees with a vision plan also helps keep employees healthy.



Access to care

DeltaVision® takes advantage of EyeMed's expansive Insight network. With thousands of in-network eye doctors, top optical retailers and popular brand name options, your employees will receive care that is suited just for them.

2-100 Eligible employees | Minnesota headquartered employers | Insight network

Services		In-Network Member Cost	Out-of-Network Reimbursement
Frequency	Frames	Once every 12 months	
	Lenses or contact lenses	Once every 12 months	
	Laser vision correction	N/A	
Frames	Any available frame at provider location	\$150 Allowance, 20% discount off remaining balance	Up to \$50
Standard Plastic Lenses	Single vision	\$10 Copay	Up to \$30
	Bifocal	\$10 Copay	Up to \$50
	Trifocal	\$10 Copay	Up to \$70
	Lenticular	\$10 Copay	Up to \$70
	Standard progressive lens	\$75 Copay	Up to \$50
	Premium progressive* tier 1	\$95 Copay	Up to \$50
	Premium progressive* tier 2	\$105 Copay	Up to \$50
	Premium progressive* tier 3	\$120 Copay	Up to \$50
	Premium progressive* tier 4	\$75 Copay, 80% of charge less \$120 allowance	Up to \$50
Lens Options	UV treatment	\$15 Copay	N/A
	Tint (solid or gradient)	\$15 Copay	N/A
	Standard plastic scratch coating	\$0 Copay	Up to \$12
	Standard polycarbonate - adults	\$40 Copay	N/A
	Standard polycarbonate - kids under 19	\$0 Copay	Up to \$32
	Polarized	20% Off retail price	N/A
	Photochromatic / transitions plastic	\$75 Copay	N/A
	Standard anti-reflective coating	\$45 Copay	N/A
	Premium anti-reflective tier 1	\$57 Copay	N/A
	Premium anti-reflective tier 2	\$68 Copay	N/A
	Premium anti-reflective tier 3	80% Of charge	N/A
	Other add-ons	20% Off retail price	N/A
Contact Lenses **	Conventional	\$150 Allowance, 15% discount off remaining balance	Up to \$130
	Disposable	\$150 Allowance	Up to \$130
	Medically necessary	\$0 Copay, paid-in-full	Up to \$210
Laser Vision Correction	Laser vision correction, Lasik or PRK <i>Vision correction utilizes U.S. Laser Network</i>	15% Off retail price or 5% off promotional price	N/A

* Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions.

** Contact lens allowance includes materials only. Any remaining balance for contact lenses may be used within the same benefit frequency.

Small Business Vision Guidelines:

Participation Guidelines:

If the Employer contributes less than 80% of Vision premiums:

- Clients with 2-10 eligible employees requires 100% participation.
- Clients with 11-100 eligible employees requires a minimum of 10 enrolling or 20% participation, whichever is greater.

If the Employer contributes at least 80% of Vision premiums:

- Clients with 2-5 eligible employees requires 100% participation.
- Clients with 6-13 eligible employees requires a minimum of 5 enrolling or 75% participation, whichever is greater.
- Clients with 14-100 eligible employees requires a minimum of 10 enrolling or 20% participation, whichever is greater.

- Annual Open Enrollment, if an employee drops coverage, the employee and any covered dependents will not be allowed to re-enroll in the plan until the next enrollment period for a period of 24 months from the date coverage was dropped.

- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Vision Plan Summary.

2-100 Eligible employees | Minnesota headquartered employers | Insight network

Services	In-Network Member Cost	Out-of-Network Reimbursement
Frequency	Frames	Once every 12 months
	Lenses or contact lenses	Once every 12 months
	Laser vision correction	N/A
Frames	Any available frame at provider location	\$200 Allowance, 20% discount off remaining balance
Standard Plastic Lenses	Single vision	\$10 Copay
	Bifocal	\$10 Copay
	Trifocal	\$10 Copay
	Lenticular	\$10 Copay
	Standard progressive lens	\$75 Copay
	Premium progressive* tier 1	\$95 Copay
	Premium progressive* tier 2	\$105 Copay
	Premium progressive* tier 3	\$120 Copay
Premium progressive* tier 4	\$75 Copay, 80% of charge less \$120 allowance	
Lens Options	UV treatment	\$15 Copay
	Tint (solid or gradient)	\$15 Copay
	Standard plastic scratch coating	\$0 Copay
	Standard polycarbonate - adults	\$40 Copay
	Standard polycarbonate - kids under 19	\$0 Copay
	Polarized	20% Off retail price
	Photochromatic / transitions plastic	\$75 Copay
	Standard anti-reflective coating	\$45 Copay
	Premium anti-reflective tier 1	\$57 Copay
	Premium anti-reflective tier 2	\$68 Copay
	Premium anti-reflective tier 3	80% Of charge
Other add-ons	20% Off retail price	
Contact Lenses **	Conventional	\$200 Allowance, 15% discount off remaining balance
	Disposable	\$200 Allowance
	Medically necessary	\$0 Copay, paid-in-full
Laser Vision Correction	Laser vision correction, Lasik or PRK <i>Vision correction utilizes U.S. Laser Network</i>	15% Off retail price or 5% off promotional price

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If the Employer contributes at least 80% of Vision premiums:

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2-100 Eligible employees | Minnesota headquartered employers | Insight network

Services	In-Network Member Cost	Out-of-Network Reimbursement	
Frequency	Examination	Once every 12 months	
	Frames	Once every 24 months	
	Lenses or contact lenses	Once every 12 months	
	Laser vision correction	N/A	
Exams	Exam with dilation as necessary	\$10 Copay	Up to \$45
	Retinal imaging benefit	Up to \$39	N/A
	Standard contact lens fit and follow-up	Up to \$40	N/A
	Premium contact lens fit and follow-up	10% Off retail price	N/A
Frames	Any available frame at provider location	\$200 Allowance, 20% discount off remaining balance	Up to \$50
Standard Plastic Lenses	Single vision	\$25 Copay	Up to \$30
	Bifocal	\$25 Copay	Up to \$50
	Trifocal	\$25 Copay	Up to \$70
	Lenticular	\$25 Copay	Up to \$70
	Standard progressive lens	\$90 Copay	Up to \$50
	Premium progressive* tier 1	\$110 Copay	Up to \$50
	Premium progressive* tier 2	\$120 Copay	Up to \$50
	Premium progressive* tier 3	\$135 Copay	Up to \$50
	Premium progressive* tier 4	\$90 Copay, 80% of charge less \$120 allowance	Up to \$50
Lens Options	UV treatment	\$15 Copay	N/A
	Tint (solid or gradient)	\$15 Copay	N/A
	Standard plastic scratch coating	\$0 Copay	Up to \$12
	Standard polycarbonate - adults	\$40 Copay	N/A
	Standard polycarbonate - kids under 19	\$0 Copay	Up to \$32
	Polarized	20% Off retail price	N/A
	Photochromatic / transitions plastic	\$75 Copay	N/A
	Standard anti-reflective coating	\$45 Copay	N/A
	Premium anti-reflective tier 1	\$57 Copay	N/A
	Premium anti-reflective tier 2	\$68 Copay	N/A
	Premium anti-reflective tier 3	80% Of charge	N/A
	Other add-ons	20% Off retail price	N/A
Contact Lenses **	Conventional	\$200 Allowance, 15% discount off remaining balance	Up to \$130
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Contact Us or Visit Us Online

DeltaDentalMN.org/Deltavision

Small Business Sales:

- Renewals, plan changes or plan questions
- Summary plan descriptions
- Proposals and sales assistance

1-800-906-5250

DeltaDentalMN.org/agents

Deltadentalconnect@deltadentalmn.org

Large Client Sales:

- Large client individually rated proposals
- Proposals and sales assistance

Contact Your Sales or Account Representative

DeltaVision®

Employer Services:

- Employee benefits
- Enrollment
- Billing
- Employer Services Portal
- Dental claims status

1-866-318-9449

7 a.m.-7 p.m. CST/CDT

EyeMed

Employer Services:

- Vision claims status
- Vision enrollment status
- Find a provider

1-833-279-4362

Mon - Sat: 6:30 a.m. - 10 p.m. CST/CDT

Sunday: 10 a.m. - 7 p.m. CST/CDT



Eligibility Address

Delta Dental of Minnesota & DeltaVision®
Attn: Enrollment Department P.O. Box 30416
Lansing, MI 48909-7916
Eligibility@mydeltadental.com

Corporate Address

Delta Dental of Minnesota & DeltaVision®
500 Washington Avenue South Suite 2060
Minneapolis, MN 55415



DeltaVision[®]

DeltaDentalMN.org/DeltaVision

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It is not offered to groups in North Dakota.*

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Summary Plan Description.

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