

# DeltaVision® Materials Only

DeltaVision® Individual and Family Plans are available in Minnesota when purchased with Delta Dental of Minnesota Individual and Family™ Plans A-D.

Network Administrator: EyeMed | Insight network

Services		In-Network Member Cost	Out-of-Network Reimbursement
Frequency	Frames	Once per covered person per benefit year	
	Lenses or contact lenses	Once per covered person per benefit year	
	Laser vision correction	N/A	
Frames	Any available frame at provider location	\$150 Allowance, 20% discount off remaining balance	Up to \$75
Standard Plastic Lenses	Single vision	\$25 Copay	Up to \$25
	Bifocal	\$25 Copay	Up to \$40
	Trifocal	\$25 Copay	Up to \$55
	Lenticular	\$25 Copay	Up to \$55
	Standard progressive lens	\$90 Copay	Up to \$55
	Premium progressive* tier 1	\$110 Copay	Up to \$55
	Premium progressive* tier 2	\$120 Copay	Up to \$55
	Premium progressive* tier 3	\$135 Copay	Up to \$55
	Premium progressive* tier 4	\$90 Copay, 80% of charge less \$120 allowance	Up to \$55
Lens Options	UV treatment	\$15 Copay	N/A
	Tint (solid or gradient)	\$15 Copay	N/A
	Standard plastic scratch coating	\$15 Copay	N/A
	Standard polycarbonate - adults	\$40 Copay	N/A
	Standard polycarbonate - kids under 19	\$40 Copay	N/A
	Standard anti-reflective coating	\$45 Copay	N/A
	Polarized	20% Off retail price	N/A
	Photochromatic / transitions plastic	\$75 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	Up to \$120
	Disposable	\$150 Allowance	Up to \$120
	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.

Rates: DeltaVision® add on rates, when Minnesota dental programs A-D are purchased.	
Subscriber	\$6.94
Subscriber +1	\$13.88
Family	\$20.82

Find your benefit breakdown, savings snapshot, cost estimator and a detailed eye doctor search in one secure place.



Register and log in to the member portal at: [member.eyemedvisioncare.com/deltavisionmn](https://member.eyemedvisioncare.com/deltavisionmn)



Review your vision benefit information:

- View your benefit details
- Check claim status
- Confirm eligibility
- Print ID cards



Find an Insight network eye doctor near you and schedule an appointment<sup>1</sup>:  
Use the “Find an eye doctor” tool on the member portal to connect with a eye health expert near you.  
<sup>1</sup> Most, but not all, network providers offer online scheduling.



For benefit questions, contact customer service:  
1-833-279-4362  
Monday - Saturday: 7 a.m. - 10 p.m. CST  
Sunday: 10 a.m. - 7 p.m. CST

## Additional Participating Provider Network Discounts.

- At all in-network locations you can receive the following discounts:
- 40% off additional complete pairs of glasses
  - 20% off any remaining frame balance over the allowance
  - 15% off any remaining conventional contact lens balance
  - 20% off non-covered items, including non-prescription sunglasses, accessories and lens cleaner
  - 15% off the standard price or 5% off any promotional price of LASIK or PRK services from U.S. Laser Network