

2026 Minnesota **Small Business Vision Plans**



DeltaVision® 2026

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 2026 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.

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.

DeltaVision® **150 Materials Only**

Coverage you need at the best price.

DeltaVision® **200 Materials Only**

Boost your employee benefits with additional frame allowance.

DeltaVision® **200**

Powerful benefits and added convenience with covered exams.









3 out of 4

Adults use some form of vision correction.1



2 Billion

People have a near or distance vision impairment.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.



In-network online options

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



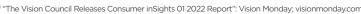
Frame choices that meet members' needs and style

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



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.



All brands may not be available at all provider locations.

Available at in-network provider locations.
 Not insured benefits. Discounts on non-covered services may not be available through all providers or in all stores.

More access with better benefits

DeltaVision® members get access to a large network which includes a mix of independent and national retail providers.



40% OFF

Additional complete pairs of glasses.



20% OFF

Any remaining frame balance over the allowance.5



20% OFF

Non-covered items, including non-prescription sunglasses, accessories and lens cleaner.6



15% OFF

Any remaining conventional contact lens balance.



15% OFF

The standard price or 5% off any promotional price of LASIK or PRK services from U.S. Laser Network.









¹ "The Vision Council Releases Consumer in Sights 01 2022 Report": Vision Monday; visionmonday.com.

² "Blindness and vision impairment": World Health Organization: who.int: August 10, 2023.

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



of employees say vision benefits are an important part of their health care budget1



of employees consider vision benefits very important¹

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

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.



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.

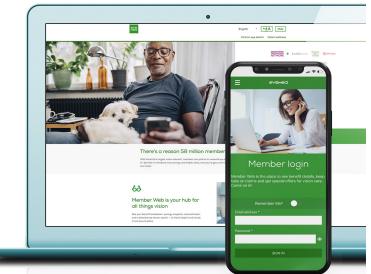
Ease of benefits with the DeltaVision® member portal

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

- View your benefit details
- Confirm eligibility
- View claims
- Print ID cards
- Locate a provider
- Schedule an appointment online*
- View health and wellness information
- Get special offers

Register at:

member.eyemedvisioncare.com/deltavisionmn or download the member app.



^{&#}x27;Employees Value Vision Care as Much as Dental": PR Newswire: prnewswire.com: March 2023.

^{*} Most, but not all, network providers offer online scheduling

DeltaVision® 150 Materials Only

\$10 Lens copay | 12 Month frame frequency

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

| Services | | In-Network Member Cost | Out-of-Network Reimbursement |
|----------------------------|--|---|---------------------------------|
| Eroguanav | Frames | Once every 12 months | |
| Frequency | Lenses or contact lenses | Once every 12 months | |
| Frames | Any available frame at provider location | \$150 allowance, 20% discount off remaining balance | Up to \$50 |
| | Single vision | \$10 | Up to \$30 |
| | Bifocal | \$10 | Up to \$50 |
| | Trifocal | \$10 | Up to \$70 |
| | Lenticular | \$10 | Up to \$70 |
| Standard | Standard progressive lens | \$75 | Up to \$50 |
| Plastic Lenses | Premium progressive* tier 1 | \$95 | Up to \$50 |
| | Premium progressive* tier 2 | \$105 | Up to \$50 |
| | Premium progressive* tier 3 | \$120 | Up to \$50 |
| | Premium progressive* tier 4 | \$75, 20% off retail price less \$120 allowance | Up to \$50 |
| | UV treatment | \$15 | Not covered |
| | Tint (solid or gradient) | \$15 | Not covered |
| | Standard plastic scratch coating | \$0 | Up to \$12 |
| | Standard polycarbonate - adults | \$40 | Not covered |
| | Standard polycarbonate - kids under 19 | \$0 | Up to \$32 |
| Laura Outlaura | Polarized | 20% off retail price | Not covered |
| Lens Options | Photochromatic / transitions plastic | \$75 | Not covered |
| | Standard anti-reflective coating | \$45 | Not covered |
| | Premium anti-reflective tier 1 | \$57 | Not covered |
| | Premium anti-reflective tier 2 | \$68 | Not covered |
| | Premium anti-reflective tier 3 | 80% of charge | Not covered |
| | Other add-ons | 20% off retail price | Not covered |
| Contact Lenses ** | Conventional | \$150 allowance, 15% discount off remaining balance | Up to \$130 |
| | Disposable | \$150 allowance | Up to \$130 |
| | Medically necessary | \$0, paid-in-full | Up to \$210 |
| Laser Vision Correction | Laser vision correction, Lasik or PRK Vision correction utilizes U.S. Laser Network | 15% off retail price or 5% off promotional price | Not covered |

| Minnesota DeltaVision® 150 Materials Only Plan Rates | Combined with Delta Dental of Minnesota Dental Plan | Standalone Vision Plan Employer Contribution 80-100% | Standalone Vision Plan Employer Contribution 0-79% |
|---|--|---|---|
| Subscriber | \$5.95 | \$5.95 | \$7.52 |
| Subscriber + Spouse | \$11.91 | \$11.91 | \$15.03 |
| Subscriber + Child(ren) | \$14.29 | \$14.29 | \$18.04 |
| Family | \$21.43 | \$21.43 | \$27.06 |

- 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:
 2-100 eligible employees
 A minimum of 2 employees must enroll
 When combining DeltaVision* with a Delta Dental policy, you will automatically receive the discounted DeltaVision* rates.
 If you are electing a standalone DeltaVision* policy, your plan rates are determined by the selected Employer contribution below.
 Standalone DeltaVision*: Employer contribution 80 100%
 Standalone DeltaVision*: Employer contribution 0 79%
 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 DeltaVision* Summary Plan Description.



DeltaVision® 200 Materials Only

\$10 Lens copay | 12 Month frame frequency

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

| Services | | In-Network Member Cost | Out-of-Network Reimbursement |
|----------------------------|---|---|---------------------------------|
| Eroguenev | Frames | Once every 12 months | |
| Frequency | Lenses or contact lenses | Once every 12 months | |
| Frames | Any available frame at provider location | \$200 allowance, 20% discount off remaining balance | Up to \$50 |
| | Single vision | \$10 | Up to \$30 |
| | Bifocal | \$10 | Up to \$50 |
| | Trifocal | \$10 | Up to \$70 |
| | Lenticular | \$10 | Up to \$70 |
| Standard | Standard progressive lens | \$75 | Up to \$50 |
| Plastic Lenses | Premium progressive* tier 1 | \$95 | Up to \$50 |
| | Premium progressive* tier 2 | \$105 | Up to \$50 |
| | Premium progressive* tier 3 | \$120 | Up to \$50 |
| | Premium progressive* tier 4 | \$75, 20% off retail price less \$120 allowance | Up to \$50 |
| | UV treatment | \$15 | Not covered |
| | Tint (solid or gradient) | \$15 | Not covered |
| | Standard plastic scratch coating | \$0 | Up to \$12 |
| | Standard polycarbonate - adults | \$40 | Not covered |
| | Standard polycarbonate - kids under 19 | \$0 | Up to \$32 |
| Laura Outlaura | Polarized | 20% off retail price | Not covered |
| Lens Options | Photochromatic / transitions plastic | \$75 | Not covered |
| | Standard anti-reflective coating | \$45 | Not covered |
| l | Premium anti-reflective tier 1 | \$57 | Not covered |
| | Premium anti-reflective tier 2 | \$68 | Not covered |
| | Premium anti-reflective tier 3 | 80% of charge | Not covered |
| | Other add-ons | 20% off retail price | Not covered |
| | Conventional | \$200 allowance, 15% discount off remaining balance | Up to \$130 |
| Contact Lenses ** | Disposable | \$200 allowance | Up to \$130 |
| | Medically necessary | \$0, paid-in-full | Up to \$210 |
| Laser Vision Correction | Laser vision correction, Lasik or PRK Vision correction utilizes U.S. Laser Network | 15% off retail price or 5% off promotional price | Not covered |

| Minnesota DeltaVision® 200 Materials Only Plan Rates | Combined with Delta Dental of Minnesota Dental Plan | Standalone Vision Plan Employer Contribution 80-100% | Standalone Vision Plan Employer Contribution 0-79% |
|---|--|---|---|
| Subscriber | \$7.38 | \$7.38 | \$9.38 |
| Subscriber + Spouse | \$14.77 | \$14.77 | \$18.76 |
| Subscriber + Child(ren) | \$17.72 | \$17.72 | \$22.51 |
| Family | \$26.58 | \$26.58 | \$33.77 |

- 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:
 2-100 eligible employees
 A minimum of 2 employees must enroll
 When combining DeltaVision* with a Delta Dental policy, you will automatically receive the discounted DeltaVision* rates.
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DeltaVision® 200

\$10 Exam copay | \$25 Lens copay | 24 Month frame frequency

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

| Services | | In-Network | Out-of-Network Reimbursement |
|----------------------------|--|---|---------------------------------|
| | Examination | Once every 12 | months |
| Frequency | Frames | Once every 24 months | |
| | Lenses or contact lenses | Once every 12 | months |
| _ | Exam with dilation as necessary | \$10 | Up to \$45 |
| | Retinal imaging benefit | Up to \$39 | Not covered |
| Exams | Standard contact lens fit and follow-up | Up to \$40 | Not covered |
| | Premium contact lens fit and follow-up | 10% off retail price | Not covered |
| Frames | Any available frame at provider location | \$200 allowance, 20% discount off remaining balance | Up to \$50 |
| | Single vision | \$25 | Up to \$30 |
| | Bifocal | \$25 | Up to \$50 |
| | Trifocal | \$25 | Up to \$70 |
| | Lenticular | \$25 | Up to \$70 |
| Standard | Standard progressive lens | \$90 | Up to \$50 |
| Plastic Lenses | Premium progressive* tier 1 | \$110 | Up to \$50 |
| - | Premium progressive* tier 2 | \$120 | Up to \$50 |
| | Premium progressive* tier 3 | \$135 | Up to \$50 |
| - | Premium progressive* tier 4 | \$90, 20% off retail price less \$120 allowance | Up to \$50 |
| | UV treatment | \$15 | Not covered |
| | Tint (solid or gradient) | \$15 | Not covered |
| | Standard plastic scratch coating | \$0 | Up to \$12 |
| | Standard polycarbonate - adults | \$40 | Not covered |
| | Standard polycarbonate - kids under 19 | \$0 | Up to \$32 |
| | Polarized | 20% off retail price | Not covered |
| Lens Options | Photochromatic / transitions plastic | \$75 | Not covered |
| | Standard anti-reflective coating | \$45 | Not covered |
| | Premium anti-reflective tier 1 | \$57 | Not covered |
| | Premium anti-reflective tier 2 | \$68 | Not covered |
| | Premium anti-reflective tier 3 | 80% of charge | Not covered |
| | Other add-ons | 20% off retail price | Not covered |
| Contact Lenses ** | Conventional | \$200 allowance, 15% discount off remaining balance | Up to \$130 |
| TOTAL ECTION | Disposable | \$200 allowance | Up to \$130 |
| | Medically necessary | \$0, paid-in-full | Up to \$210 |
| Laser Vision Correction | Laser vision correction, Lasik or PRK Vision correction utilizes U.S. Laser Network | 15% off retail price or 5% off promotional price | Not covered |

| Minnesota DeltaVision® 200 Plan Rates | Combined with Delta Dental of Minnesota Dental Plan | Standalone Vision Plan Employer Contribution 80-100% | Standalone Vision Plan Employer Contribution 0-79% |
|--|--|---|---|
| Subscriber | \$7.14 | \$7.14 | \$9.03 |
| Subscriber + Spouse | \$14.29 | \$14.29 | \$18.05 |
| Subscriber + Child(ren) | \$17.14 | \$17.14 | \$21.66 |
| Family | \$25.71 | \$25.71 | \$32.49 |

- * 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:

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Contact Us or Visit Us Online

DeltaDentalMN.org/DeltaVision

Small Business Sales:

2-100 Eligible employees

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

1-800-906-5250 DeltaDentalMN.org/brokers Deltadentalconnect@deltadentalmn.org

Large Client Sales:

101+ Eligible employees

Contact Your Sales or Account Representative

- Large client individually rated proposals
- Proposals and sales assistance

DeltaVision® Employer Services:

- Employee benefits
- Enrollment
- Billing
- Employer Services Portal

1-866-318-9449 Monday - Friday: 7 a.m. - 7 p.m. CST/CDT

DeltaVision® Customer Services:

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

1-833-279-4362

Monday - Saturday: 7:00 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



DeltaDentalMN.org/DeltaVision

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