

2026 Minnesota DeltaVision® **Large Client Plans Overview**

101+ Eligible employees | Minnesota headquartered employers | Insight network

	DeltaVision®150 Materials Only	DeltaVision®200 Materials Only	DeltaVision®200		
Frequency Limitations					
Examination	Not covered	Not covered	Once every 12 months		
Frames	Once every 12 months	Once every 12 months	Once every 24 months		
Lenses or Contact Lenses	Once every 12 months	Once every 12 months	Once every 12 months		

Frame/Contact Allowance and Copays				
Frame/Contact Allowance	\$150	\$200	\$200	
Exam Copay	Not covered	Not covered	\$10	
Lens Copay	\$10	\$10	\$25	

More access with better benefits

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



Additional complete pairs of glasses.



Any remaining frame balance over the allowance.1



Non-covered items, including non-prescription sunglasses, accessories and lens cleaner.2



Any remaining conventional contact lens balance.



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











¹ Available at in-network provider locations. ² Not insured benefits. Discounts on non-covered services may not be available through all providers or in all stores.