

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

101+ Eligible employees | Minnesota headquartered employers | Insight network

		DeltaVision® 150 \$10 Exam copay   \$10 Lens copay   12 Month frame frequency	DeltaVision® 200 \$10 Exam copay   \$10 Lens copay   12 Month frame frequency	DeltaVision® 200 \$10 Exam copay   \$25 Lens copay   24 Month frame frequency
Frequency Limitations	Examination	Once every 12 months	Once every 12 months	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	\$10	\$10	\$10
	Lens Copay	\$10	\$10	\$25

		DeltaVision® 150 Materials Only \$10 Lens copay   12 Month frame frequency	DeltaVision® 200 Materials Only \$10 Lens copay   12 Month frame frequency
	Examination	Not covered	Not covered
Frequency Limitations	Frames	Once every 12 months	Once every 12 months
	Lenses or Contact Lenses	Once every 12 months	Once every 12 months
	Frame/Contact Allowance	\$150	\$200
Frame/Contact Allowance and Copays	Exam Copay	Not covered	Not covered
	Lens Copay	\$10	\$10

## More access with better benefits

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



pairs of glasses.

Any remaining frame balance over the allowance.1

20% OFF



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.











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