



2026 Minnesota Large Client Vision Plans

Introducing DeltaVision® 2026

We've expanded our DeltaVision® lineup to offer more plans with exams while keeping the same great plans within sight.

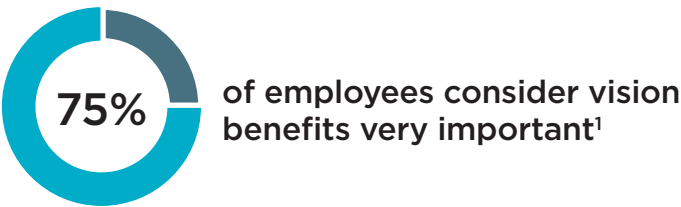
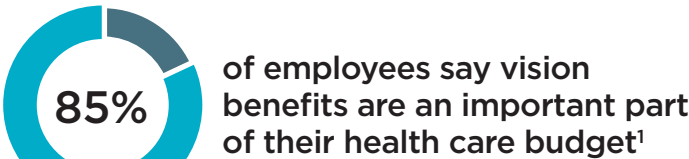
Find the right plan to meet your employees' unique needs:

Choose between plans with or without exams, a \$150 or \$200 frame allowance, and a 12 or 24-month frame frequency. Plus, all plan offerings include extra savings on materials!

Allow us to do even more for your health.

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

The 2026 DeltaVision® plans will deliver everything your employees need to give their eyes the best care. DeltaVision® has partnered with EyeMed to bring our members access to the expansive Insight network, which offers a variety of local, national and retail options.



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

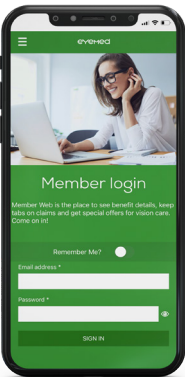
Our eyes are focused on overall health. This means expanding our product offerings so that members can progress in their individual health journey.

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.

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.

Register at: member.eyemedvisioncare.com/deltavisionmn or download the member app.



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

* Most, but not all, network providers offer online scheduling.

¹ "Employees Value Vision Care as Much as Dental": PR Newswire: prnewswire.com; March 2023.

² Available at in-network provider locations.

³ Not insured benefits. Savings on non-covered services may not be available through all providers or in all stores.

DeltaVision® 150

Exam Copay:	\$10
Lens Copay:	\$10
Frame Frequency:	12 months
Frame Allowance:	\$150
Contact Allowance:	\$150
Materials Only Option:	Yes

DeltaVision® 200

Exam Copay:	\$10
Lens Copay:	\$10
Frame Frequency:	12 months
Frame Allowance:	\$200
Contact Allowance:	\$200
Materials Only Option:	Yes

DeltaVision® 200

Exam Copay:	\$10
Lens Copay:	\$25
Frame Frequency:	24 months
Frame Allowance:	\$200
Contact Allowance:	\$200
Materials Only Option:	No



More access, better benefits



40% OFF

Additional complete pairs of glasses.



20% OFF

Any remaining frame balance over the allowance.²



20% OFF

Non-covered items, including non-prescription sunglasses, accessories and lens cleaner.³



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.

DeltaVision® 150

\$10 Exam copay | \$10 Lens copay | 12 Month frame frequency

101+ Eligible employees | Minnesota headquartered employers | Insight network

Services		In-Network Member Cost	Out-of-Network Reimbursement
Frequency	Examinations	Once every 12 months	
	Frames	Once every 12 months	
	Lenses or contact lenses	Once every 12 months	
Exams	Exam with dilation as necessary	\$10	Up to \$45
	Retinal imaging benefit	Up to \$39	Not covered
	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	\$150 allowance, 20% savings off remaining balance	Up to \$50
Standard Plastic Lenses	Single vision	\$10	Up to \$30
	Bifocal	\$10	Up to \$50
	Trifocal	\$10	Up to \$70
	Lenticular	\$10	Up to \$70
	Standard progressive lens	\$75	Up to \$50
	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
Lens Options	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
	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
	All other lens options	20% off retail price	Not covered
Contact Lenses **	Conventional	\$150 allowance, 15% savings 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 <i>Vision correction utilizes U.S. Laser Network</i>	15% off retail price or 5% off promotional price	Not covered

* 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.

Large Client Vision Guidelines:

- 101 or more eligible employees
- Requires a minimum of 20 enrolling or 20% employee participation, whichever is greater for new business.
- 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.

DeltaVision® 200

\$10 Exam copay | \$10 Lens copay | 12 Month frame frequency

101+ Eligible employees | Minnesota headquartered employers | Insight network

Services		In-Network Member Cost	Out-of-Network Reimbursement
Frequency	Examinations	Once every 12 months	
	Frames	Once every 12 months	
	Lenses or contact lenses	Once every 12 months	
Exams	Exam with dilation as necessary	\$10	Up to \$45
	Retinal imaging benefit	Up to \$39	Not covered
	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% savings off remaining balance	Up to \$50
Standard Plastic Lenses	Single vision	\$10	Up to \$30
	Bifocal	\$10	Up to \$50
	Trifocal	\$10	Up to \$70
	Lenticular	\$10	Up to \$70
	Standard progressive lens	\$75	Up to \$50
	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
Lens Options	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
	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
	All other lens options	20% off retail price	Not covered
Contact Lenses **	Conventional	\$200 allowance, 15% savings off remaining balance	Up to \$130
	Disposable	\$200 allowance	Up to \$130
	Medically necessary	\$0, 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	Not covered

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DeltaVision® 200

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

101+ 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	
Exams	Exam with dilation as necessary	\$10	Up to \$45
	Retinal imaging benefit	Up to \$39	Not covered
	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% savings off remaining balance	Up to \$50
Standard Plastic Lenses	Single vision	\$25	Up to \$30
	Bifocal	\$25	Up to \$50
	Trifocal	\$25	Up to \$70
	Lenticular	\$25	Up to \$70
	Standard progressive lens	\$90	Up to \$50
	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
Lens Options	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
	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
	All other lens options	20% off retail price	Not covered
Contact Lenses **	Conventional	\$200 allowance, 15% savings off remaining balance	Up to \$130
	Disposable	\$200 allowance	Up to \$130
	Medically necessary	\$0, 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	Not covered

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DeltaVision® 150 Materials Only

\$10 Lens copay | 12 Month frame frequency

101+ 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	
Frames	Any available frame at provider location	\$150 allowance, 20% savings off remaining balance	Up to \$50
Standard Plastic Lenses	Single vision	\$10	Up to \$30
	Bifocal	\$10	Up to \$50
	Trifocal	\$10	Up to \$70
	Lenticular	\$10	Up to \$70
	Standard progressive lens	\$75	Up to \$50
	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
Lens Options	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
	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
	All other lens options	20% off retail price	Not covered
Contact Lenses **	Conventional	\$150 allowance, 15% savings off remaining balance	Up to \$130
	Disposable	\$150 allowance	Up to \$130
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DeltaVision® 200 Materials Only

\$10 Lens copay | 12 Month frame frequency

101+ 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	
Frames	Any available frame at provider location	\$200 allowance, 20% savings off remaining balance	Up to \$50
Standard Plastic Lenses	Single vision	\$10	Up to \$30
	Bifocal	\$10	Up to \$50
	Trifocal	\$10	Up to \$70
	Lenticular	\$10	Up to \$70
	Standard progressive lens	\$75	Up to \$50
	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
Lens Options	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
	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
	All other lens options	20% off retail price	Not covered
Contact Lenses **	Conventional	\$200 allowance, 15% savings off remaining balance	Up to \$130
	Disposable	\$200 allowance	Up to \$130
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Contact Us or Visit Us Online

[DeltaDentalMN.org/DeltaVision](https://deltadentalmn.org/DeltaVision)

Large Client Sales: 101+ Eligible employees

Contact Your Sales or Account Representative

- Large client individually rated proposals
- Proposals and sales assistance

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](https://deltadentalmn.org/brokers)
Deltadentalconnect@deltadentalmn.org

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](https://deltadentalmn.org/DeltaVision)

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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