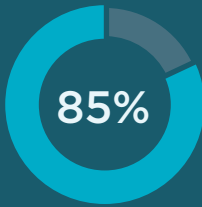
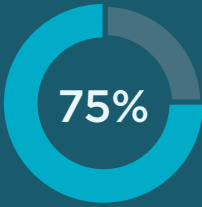




2026 North Dakota Large Client Vision Plans



85% of employees say vision benefits are an important part of their health care budget¹



75% 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.



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.

See the difference.

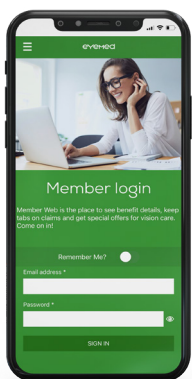
DeltaVision® offers three plans for ease of choice and administration for our clients. With frame allowances, frame frequencies, and extra discounts that meet member's desires!

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.

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

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.

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.

* 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. Discounts on non-covered services may not be available through all providers or in all stores.

DeltaVision® 150 Materials Only

\$10 Lens copay | 12 Month frame frequency

101+ Eligible employees | North Dakota 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% discount 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
	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 <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 Materials Only

\$10 Lens copay | 12 Month frame frequency

101+ Eligible employees | North Dakota 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% discount 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
	Other add-ons	20% off retail price	Not covered
Contact Lenses **	Conventional	\$200 allowance, 15% discount 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 | North Dakota 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% discount 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
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** Contact lens allowance includes materials only. Any remaining balance for contact lenses may be used within the same benefit frequency.

Large Client Vision Guidelines:

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- 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.



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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