



2026 North Dakota DeltaVision®

Small Business Plans Overview and Premium Rates

2-100 Eligible employees | North Dakota headquartered employers | Insight network



Compare and quote

Broker Rate Calculator

Getting a quote for a small business with 2-100 eligible employees is easy! Find the right DeltaVision® plan to fit their needs.

	DeltaVision®150 Materials Only			DeltaVision®200 Materials Only			DeltaVision®200		
Premium Rates Per Contract Per Month (PCPM)	Combined with Delta Dental of Minnesota Dental Plan	Standalone Vision Plan Employer Contribution 80-100%	Standalone Vision Plan Employer Contribution 0-79%	Combined with Delta Dental of Minnesota Dental Plan	Standalone Vision Plan Employer Contribution 80-100%	Standalone Vision Plan Employer Contribution 0-79%	Combined with Delta Dental of Minnesota Dental Plan	Standalone Vision Plan Employer Contribution 80-100%	Standalone Vision Plan Employer Contribution 0-79%
Subscriber	\$5.80	\$5.80	\$6.72	\$7.29	\$7.29	\$8.49	\$7.53	\$7.53	\$8.88
Subscriber + Spouse	\$11.60	\$11.60	\$13.44	\$14.59	\$14.59	\$16.99	\$15.06	\$15.06	\$17.76
Subscriber + Child(ren)	\$13.92	\$13.92	\$16.12	\$17.50	\$17.50	\$20.39	\$18.07	\$18.07	\$21.32
Family	\$20.88	\$20.88	\$24.18	\$26.26	\$26.26	\$30.58	\$27.11	\$27.11	\$31.97

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.

40% OFF  
Additional complete pairs of glasses.

20% OFF  
Any remaining frame balance over the allowance.<sup>1</sup>

20% OFF  
Non-covered items, including non-prescription sunglasses, accessories and lens cleaner.<sup>2</sup>

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.



<sup>1</sup>Available at in-network provider locations.

<sup>2</sup>Not insured benefits. Discounts on non-covered services may not be available through all providers or in all stores.

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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