



2026 North Dakota DeltaVision®

Small Business Plans Overview and Premium Rates

North Dakota headquartered employers | Insight network



Compare and quote
Broker Rate Calculator

Getting a quote for a small business is easy!
Find the right DeltaVision® plan to fit their needs.

		2-199 Enrolled employees*								
		DeltaVision® 150			DeltaVision® 200			DeltaVision® 200		
		\$10 Exam copay \$10 Lens copay 12 Month frame frequency			\$10 Exam copay \$10 Lens copay 12 Month frame frequency			\$10 Exam copay \$25 Lens copay 24 Month frame frequency		
		Combined with Delta Dental of North Dakota Dental Plan	Standalone Vision Plan Employer Contribution 80-100%	Standalone Vision Plan Employer Contribution 0-79%	Combined with Delta Dental of North Dakota Dental Plan	Standalone Vision Plan Employer Contribution 80-100%	Standalone Vision Plan Employer Contribution 0-79%	Combined with Delta Dental of North Dakota Dental Plan	Standalone Vision Plan Employer Contribution 80-100%	Standalone Vision Plan Employer Contribution 0-79%
Premium Rates Per Contract Per Month (PCPM)	Subscriber	\$8.48	\$8.48	\$9.98	\$9.64	\$9.64	\$11.34	\$8.17	\$8.17	\$9.61
	Subscriber + Spouse	\$16.97	\$16.97	\$19.96	\$19.28	\$19.28	\$22.68	\$16.34	\$16.34	\$19.22
	Subscriber + Child(ren)	\$20.35	\$20.35	\$23.94	\$23.13	\$23.13	\$27.21	\$19.60	\$19.60	\$23.06
	Family	\$30.54	\$30.54	\$35.93	\$34.71	\$34.71	\$40.83	\$29.41	\$29.41	\$34.60
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		

		2-100 Eligible employees					
		DeltaVision® 150 Materials Only			DeltaVision® 200 Materials Only		
		\$10 Lens copay 12 Month frame frequency			\$10 Lens copay 12 Month frame frequency		
		Combined with Delta Dental of North Dakota Dental Plan	Standalone Vision Plan Employer Contribution 80-100%	Standalone Vision Plan Employer Contribution 0-79%	Combined with Delta Dental of North Dakota Dental Plan	Standalone Vision Plan Employer Contribution 80-100%	Standalone Vision Plan Employer Contribution 0-79%
Premium Rates Per Contract Per Month (PCPM)	Subscriber	\$5.80	\$5.80	\$6.72	\$7.29	\$7.29	\$8.49
	Subscriber + Spouse	\$11.60	\$11.60	\$13.44	\$14.59	\$14.59	\$16.99
	Subscriber + Child(ren)	\$13.92	\$13.92	\$16.12	\$17.50	\$17.50	\$20.39
	Family	\$20.88	\$20.88	\$24.18	\$26.26	\$26.26	\$30.58
Frequency Limitations	Examination	Once every 12 months			Once every 12 months		
	Frames	Once every 12 months			Once every 12 months		
	Lenses or Contact Lenses	Once every 12 months			Once every 12 months		
Frame/Contact Allowance and Copays	Frame/Contact Allowance	\$150			\$200		
	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.



40% OFF

Additional complete pairs of glasses.



20% OFF

Any remaining frame balance over the allowance.¹



20% OFF

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



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.



¹Available at in-network provider locations.
²Not insured benefits. Savings on non-covered services may not be available through all providers or in all stores.
*101+ eligible employees when purchased with a Delta Dental of Minnesota Evolution Plan.
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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