



2026 North Dakota Small Business 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.

¹ "The Vision Council Releases Consumer inSights 01 2022 Report": Vision Monday; visionmonday.com.
² "Blindness and vision impairment": World Health Organization: who.int: August 10, 2023.
³ "Keep an eye on your vision health," Centers for Disease Control and Prevention, <https://www.cdc.gov>. Accessed December 2019.



3 out of 4
Adults use some form of vision correction.¹



2.2 Billion
People have a near or distance vision impairment.²



Eye Exams
Help identify early signs of certain chronic health conditions:³

- High blood pressure
- Diabetes
- Heart disease
- High cholesterol



DeltaVision® at a glance

Exam plans				
Plan name	Exam copay	Lens copay	Frame frequency	Frame and contact lens allowance
DeltaVision® 150	\$10	\$10	12 months	\$150
DeltaVision® 200	\$10	\$10	12 months	\$200
DeltaVision® 200	\$10	\$25	24 months	\$200

Materials only plans				
Plan name	Exam copay	Lens copay	Frame frequency	Frame and contact lens allowance
DeltaVision® 150 Materials Only	Not covered	\$10	12 months	\$150
DeltaVision® 200 Materials only	Not covered	\$10	12 months	\$200

Vision benefits that offer flexibility, choice and savings.

DeltaVision® makes it easy for employees to take advantage of their vision benefits.



Access to care starts with the Insight network
With thousands of in-network eye doctors, top optical retailers and popular brand name options, your employees will receive care that is suited just for them.



In-network online options
Members can shop and buy glasses, contacts and prescription sunglasses from their computer, smartphone or tablet.



Frame choices that meet members' needs and style
Members get to choose their frames from a variety of brands, including the world's leading designers.⁴



Easy benefit management
Fast and simple member access to their benefit breakdown, savings snapshot, cost estimator and a detailed eye doctor search are available in the secure member portal.

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.⁵



20% OFF
Non-covered items, including non-prescription sunglasses, accessories and lens cleaner.⁶



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.

⁴ All brands may not be available at all provider locations.

⁵ Available at in-network provider locations.

⁶ Not insured benefits. Savings on non-covered services may not be available through all providers or in all stores.

See the advantages of combining

Benefits that keep your business prosperous.



Benefits administration

Employers can access their monthly invoices and subscriber listings and manage their subscriber and member enrollment information for both dental and vision right in our Employer Services Portal (ESP).



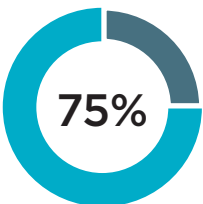
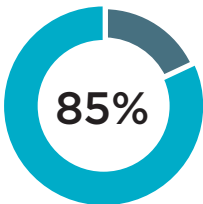
Enhanced offerings

The importance of vision coverage doesn't end with attracting and retaining employees. Providing employees with a vision plan also helps keep employees healthy.



Access to care

DeltaVision® takes advantage of EyeMed's expansive Insight network. With thousands of in-network eye doctors, top optical retailers and popular brand name options, your employees will receive care that is suited just for them.



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

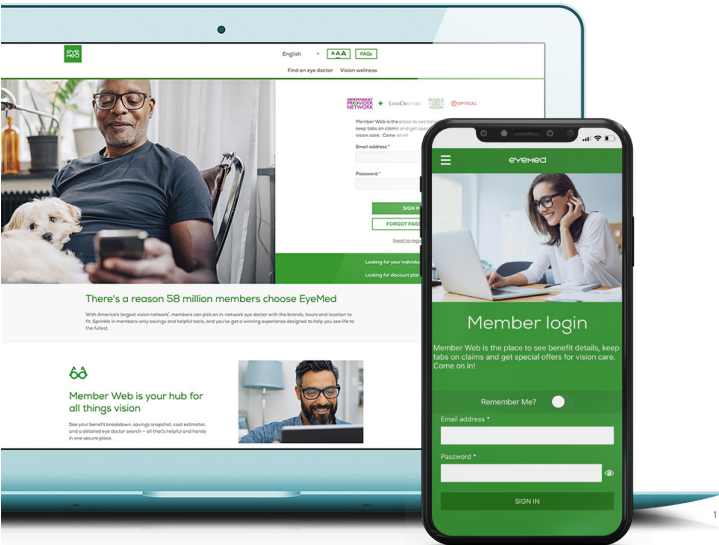
Our eyes are focused on overall health. This means expanding our product offerings so that members can progress in their individual health journey.

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.



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

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

¹ "Employees Value Vision Care as Much as Dental": PR Newswire: prnewswire.com; March 2023.
* Most, but not all, network providers offer online scheduling.

DeltaVision® 150

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

2-199 Enrolled employees | North Dakota 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

Minnesota DeltaVision® 150 Plan Rates	Combined with Delta Dental of Minnesota Dental Plan	Standalone Vision Plan Employer Contribution 80-100%	Standalone Vision Plan Employer Contribution 0-79%
Subscriber	\$8.48	\$8.48	\$9.98
Subscriber + Spouse	\$16.97	\$16.97	\$19.96
Subscriber + Child(ren)	\$20.35	\$20.35	\$23.94
Family	\$30.54	\$30.54	\$35.93

* 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.

Small Business Vision Guidelines:

- 2-199 enrolled employees.
 - 101+ eligible employees when purchased with a Delta Dental of Minnesota Evolution Plan.
- A minimum of 2 employees must enroll
- When combining DeltaVision® with a Delta Dental policy, you will automatically receive the lowest DeltaVision® rates.
- If you are electing a standalone DeltaVision® policy, your plan rates are determined by the selected Employer contribution below.
 - Standalone DeltaVision®: Employer contribution 80 - 100%
 - Standalone DeltaVision®: Employer contribution 0 - 79%
- 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 DeltaVision® Summary Plan Description.



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Broker Rate Calculator

DeltaVision® 200

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

2-199 Enrolled employees | North Dakota 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

Minnesota DeltaVision® 200 Plan Rates	Combined with Delta Dental of Minnesota Dental Plan	Standalone Vision Plan Employer Contribution 80-100%	Standalone Vision Plan Employer Contribution 0-79%
Subscriber	\$9.64	\$9.64	\$11.34
Subscriber + Spouse	\$19.28	\$19.28	\$22.68
Subscriber + Child(ren)	\$23.13	\$23.13	\$27.21
Family	\$34.71	\$34.71	\$40.83

* 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.

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Broker Rate Calculator

DeltaVision® 200

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

2-199 Enrolled employees | North Dakota headquartered employers | Insight network

Services		In-Network	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

North Dakota DeltaVision® 200 Plan Rates	Combined with Delta Dental of Minnesota Dental Plan	Standalone Vision Plan Employer Contribution 80-100%	Standalone Vision Plan Employer Contribution 0-79%
Subscriber	\$8.17	\$8.17	\$9.61
Subscriber + Spouse	\$16.34	\$16.34	\$19.22
Subscriber + Child(ren)	\$19.60	\$19.60	\$23.06
Family	\$29.41	\$29.41	\$34.60

* 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.

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Broker Rate Calculator

DeltaVision® 150 Materials Only

\$10 Lens copay | 12 Month frame frequency

2-100 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% 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

North Dakota DeltaVision® 150 Materials Only Plan Rates	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
Subscriber + Spouse	\$11.60	\$11.60	\$13.44
Subscriber + Child(ren)	\$13.92	\$13.92	\$16.12
Family	\$20.88	\$20.88	\$24.18

* 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.

Small Business Vision Guidelines:

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- A minimum of 2 employees must enroll
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Broker Rate Calculator

DeltaVision® 200 Materials Only

\$10 Lens copay | 12 Month frame frequency

2-100 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% 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

North Dakota DeltaVision® 200 Materials Only Plan Rates	Combined with Delta Dental of Minnesota Dental Plan	Standalone Vision Plan Employer Contribution 80-100%	Standalone Vision Plan Employer Contribution 0-79%
Subscriber	\$7.29	\$7.29	\$8.49
Subscriber + Spouse	\$14.59	\$14.59	\$16.99
Subscriber + Child(ren)	\$17.50	\$17.50	\$20.39
Family	\$26.26	\$26.26	\$30.58

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** Contact lens allowance includes materials only. Any remaining balance for contact lenses may be used within the same benefit frequency.

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[Quote now](#)
Broker Rate Calculator



Contact Us or Visit Us Online

DeltaDentalMN.org/DeltaVision

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
Deltadentalconnect@deltadentalmn.org

Large Client Sales: 101+ Eligible employees

Contact Your Sales or Account Representative

- Large client individually rated proposals
- Proposals and sales assistance

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

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