



DeltaVision[®]

2024 Minnesota
Small Business Vision Plans



A woman with voluminous, curly brown hair is smiling broadly, looking off to the side. She is wearing a light-colored, possibly white, blazer over a white top. She is holding a pair of glasses in her hands. The background is a bright, out-of-focus indoor setting, likely an office or a modern home.

DeltaVision[®] 2024

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 new 2024 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.

Partnering with Delta Dental of Minnesota to focus on better health.

Delta Dental of Minnesota is proud to partner with EyeMed through Delta Dental of Minnesota's affiliate Health Ventures Network to offer simple yet comprehensive vision benefits for employers large and small.

*DeltaVision[®] is only offered to employers based within the state of Minnesota.
It is not offered to clients in North Dakota*



DeltaVision®
150 Materials Only

Coverage you need at the best price.

DeltaVision®
200 Materials Only

Boost your employee benefits with additional plan allowance.

DeltaVision®
200

Powerful benefits and added convenience with covered exams.

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.



75%

Of Americans experience vision symptoms that require glasses, contacts or other care.¹



45 million

People in the U.S. wear contact lenses.²



Eye Exams

Help identify early signs of certain chronic health conditions:³

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



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.



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



In-network online options

Members can shop and buy glasses, contacts and prescription sunglasses from their computer, smartphone or tablet.



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.

¹"US optical overview and outlook," The Vision Council (December 2015). Accessed December 2019.

²Centers for Disease Control and Prevention, <https://www.cdc.gov/contactlenses/fast-facts.html>. Accessed December 2019.

³"Keep an eye on your vision health," Centers for Disease Control and Prevention, <https://www.cdc.gov>. Accessed December 2019.

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

Why DeltaVision®!

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.

Eyes are a window to health and wellness.

Through routine eye examinations, early signs of some chronic health conditions such as high blood pressure, diabetes, heart disease and high cholesterol can be detected. These conditions impact other aspects of overall health.



See the advantages of combining

Benefits that keep your business prosperous.



Benefits management

Employers and client administrators have the ability to access and manage their dental and vision plan details through our enhanced 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.

More access with better benefits

DeltaVision® members get access to a large network which includes a mix of independent and retail providers — including popular national chains and regional favorites.

When visiting an in-network provider location, members receive these additional discounts:



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.

**INDEPENDENT
PROVIDER
NETWORK**



LENSCRAFTERS

**PEARLE
EST. 1961
VISION**

OPTICAL

¹ Available at in-network provider locations.

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



2-100 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
	Laser vision correction	N/A
Frames	Any available frame at provider location	\$150 Allowance, 20% discount off remaining balance Up to \$50
Standard Plastic Lenses	Single vision	\$10 Copay Up to \$30
	Bifocal	\$10 Copay Up to \$50
	Trifocal	\$10 Copay Up to \$70
	Lenticular	\$10 Copay Up to \$70
	Standard progressive lens	\$75 Copay Up to \$50
	Premium progressive* tier 1	\$95 Copay Up to \$50
	Premium progressive* tier 2	\$105 Copay Up to \$50
	Premium progressive* tier 3	\$120 Copay Up to \$50
	Premium progressive* tier 4	\$75 Copay, 80% of charge less \$120 allowance Up to \$50
Lens Options	UV treatment	\$15 Copay N/A
	Tint (solid or gradient)	\$15 Copay N/A
	Standard plastic scratch coating	\$0 Copay Up to \$12
	Standard polycarbonate - adults	\$40 Copay N/A
	Standard polycarbonate - kids under 19	\$0 Copay Up to \$32
	Polarized	20% Off retail price N/A
	Photochromatic / transitions plastic	\$75 Copay N/A
	Standard anti-reflective coating	\$45 Copay N/A
	Premium anti-reflective tier 1	\$57 Copay N/A
	Premium anti-reflective tier 2	\$68 Copay N/A
	Premium anti-reflective tier 3	80% Of charge N/A
	Other add-ons	20% Off retail price N/A
Contact Lenses **	Conventional	\$150 Allowance, 15% discount off remaining balance Up to \$130
	Disposable	\$150 Allowance Up to \$130
	Medically necessary	\$0 Copay, 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 N/A

DeltaVision® 150 Materials Only Plan Rates	Combined with Delta Dental of Minnesota Dental Plan or ≥ 80% Employer Contribution***	Standalone Vision and < 80% ER Contribution
Subscriber	\$5.95	\$7.52
Subscriber + Spouse	\$11.91	\$15.03
Subscriber + Child(ren)	\$14.29	\$18.04
Family	\$21.43	\$27.06

* 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.

*** Groups can also qualify for this plan rate if vision coverage is combined with dental coverage through Delta Dental of Minnesota, regardless of employer contribution rate.

Small Business Vision Guidelines:

Participation Guidelines:

If the Employer contributes less than 80% of Vision premiums:

- Clients with 2-10 eligible employees requires 100% participation.
- Clients with 11-100 eligible employees requires a minimum of 10 enrolling or 20% participation, whichever is greater.

If the Employer contributes at least 80% of Vision premiums:

- Clients with 2-5 eligible employees requires 100% participation.
- Clients with 6-13 eligible employees requires a minimum of 5 enrolled or 75% participation, whichever is greater.
- Clients with 14-100 eligible employees requires a minimum of 10 enrolling or 20% participation, whichever is greater.

- 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.

2-100 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
	Laser vision correction	N/A
Frames	Any available frame at provider location	\$200 Allowance, 20% discount off remaining balance Up to \$50
Standard Plastic Lenses	Single vision	\$10 Copay Up to \$30
	Bifocal	\$10 Copay Up to \$50
	Trifocal	\$10 Copay Up to \$70
	Lenticular	\$10 Copay Up to \$70
	Standard progressive lens	\$75 Copay Up to \$50
	Premium progressive* tier 1	\$95 Copay Up to \$50
	Premium progressive* tier 2	\$105 Copay Up to \$50
	Premium progressive* tier 3	\$120 Copay Up to \$50
	Premium progressive* tier 4	\$75 Copay, 80% of charge less \$120 allowance Up to \$50
Lens Options	UV treatment	\$15 Copay N/A
	Tint (solid or gradient)	\$15 Copay N/A
	Standard plastic scratch coating	\$0 Copay Up to \$12
	Standard polycarbonate - adults	\$40 Copay N/A
	Standard polycarbonate - kids under 19	\$0 Copay Up to \$32
	Polarized	20% Off retail price N/A
	Photochromatic / transitions plastic	\$75 Copay N/A
	Standard anti-reflective coating	\$45 Copay N/A
	Premium anti-reflective tier 1	\$57 Copay N/A
	Premium anti-reflective tier 2	\$68 Copay N/A
	Premium anti-reflective tier 3	80% Of charge N/A
	Other add-ons	20% Off retail price N/A
Contact Lenses **	Conventional	\$200 Allowance, 15% discount off remaining balance Up to \$130
	Disposable	\$200 Allowance Up to \$130
	Medically necessary	\$0 Copay, 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 N/A

DeltaVision® 200 Materials Only Plan Rates	Combined with Delta Dental of Minnesota Dental Plan or ≥ 80% Employer Contribution***	Standalone Vision and < 80% ER Contribution
Subscriber	\$7.38	\$9.38
Subscriber + Spouse	\$14.77	\$18.76
Subscriber + Child(ren)	\$17.72	\$22.51
Family	\$26.58	\$33.77

* 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.
 *** Groups can also qualify for this plan rate if vision coverage is combined with dental coverage through Delta Dental of Minnesota, regardless of employer contribution rate.

Small Business Vision Guidelines:

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If the Employer contributes at least 80% of Vision premiums:

- Clients with 2-5 eligible employees requires 100% participation.
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2-100 Eligible employees | Minnesota 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	
	Laser vision correction	N/A	
Exams	Exam with dilation as necessary	\$10 Copay	Up to \$45
	Retinal imaging benefit	Up to \$39	N/A
	Standard contact lens fit and follow-up	Up to \$40	N/A
	Premium contact lens fit and follow-up	10% Off retail price	N/A
Frames	Any available frame at provider location	\$200 Allowance, 20% discount off remaining balance	Up to \$50
Standard Plastic Lenses	Single vision	\$25 Copay	Up to \$30
	Bifocal	\$25 Copay	Up to \$50
	Trifocal	\$25 Copay	Up to \$70
	Lenticular	\$25 Copay	Up to \$70
	Standard progressive lens	\$90 Copay	Up to \$50
	Premium progressive* tier 1	\$110 Copay	Up to \$50
	Premium progressive* tier 2	\$120 Copay	Up to \$50
	Premium progressive* tier 3	\$135 Copay	Up to \$50
Lens Options	Premium progressive* tier 4	\$90 Copay, 80% of charge less \$120 allowance	Up to \$50
	UV treatment	\$15 Copay	N/A
	Tint (solid or gradient)	\$15 Copay	N/A
	Standard plastic scratch coating	\$0 Copay	Up to \$12
	Standard polycarbonate - adults	\$40 Copay	N/A
	Standard polycarbonate - kids under 19	\$0 Copay	Up to \$32
	Polarized	20% Off retail price	N/A
	Photochromatic / transitions plastic	\$75 Copay	N/A
	Standard anti-reflective coating	\$45 Copay	N/A
	Premium anti-reflective tier 1	\$57 Copay	N/A
	Premium anti-reflective tier 2	\$68 Copay	N/A
	Premium anti-reflective tier 3	80% Of charge	N/A
	Other add-ons	20% Off retail price	N/A
Contact Lenses **	Conventional	\$200 Allowance, 15% discount off remaining balance	Up to \$130
	Disposable	\$200 Allowance	Up to \$130
	Medically necessary	\$0 Copay, 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	N/A

DeltaVision® 200 Plan Rates	Combined with Delta Dental of Minnesota Dental Plan or ≥ 80% Employer Contribution***	Standalone Vision and < 80% ER Contribution
Subscriber	\$7.14	\$9.03
Subscriber + Spouse	\$14.29	\$18.05
Subscriber + Child(ren)	\$17.14	\$21.66
Family	\$25.71	\$32.49

* 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.
 *** Groups can also qualify for this plan rate if vision coverage is combined with dental coverage through Delta Dental of Minnesota, regardless of employer contribution rate.

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Contact Us or Visit Us Online

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

Small Business Sales:

- Renewals, plan changes or plan questions
- Summary plan descriptions
- Proposals and sales assistance

1-800-906-5250

[DeltaDentalMN.org/agents](https://www.DeltaDentalMN.org/agents)

Deltadentalconnect@deltadentalmn.org

Large Client Sales:

- Large client individually rated proposals
- Proposals and sales assistance

Contact Your Sales or Account Representative

DeltaVision®

Employer Services:

- Employee benefits
- Enrollment
- Billing
- Employer Services Portal
- Dental claims status

1-866-318-9449

7 a.m.-7 p.m. CST/CDT

EyeMed

Employer Services:

- Vision claims status
- Vision enrollment status
- Find a provider

1-833-279-4362

Mon - Sat: 6:30 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

DeltaVision®

DeltaDentalMN.org/DeltaVision

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