

DeltaVision® Individual and Family Plans are only available in Minnesota when purchased with Delta Dental of Minnesota Individual and Family™ Plans A-D.

Network Administrator: EyeMed | Insight network


Services	In-Network Member Cost	Out-of-Network Reimbursement
Frequency	Frames	Once per covered person per benefit year
	Lenses or contact lenses	Once per covered person per benefit year
	Laser vision correction	N/A
Frames	Any available frame at provider location	\$150 Allowance, 20% discount off remaining balance
Standard Plastic Lenses	Single vision	\$25 Copay
	Bifocal	\$25 Copay
	Trifocal	\$25 Copay
	Lenticular	\$25 Copay
	Standard progressive lens	\$90 Copay
	Premium progressive* tier 1	\$110 Copay
	Premium progressive* tier 2	\$120 Copay
	Premium progressive* tier 3	\$135 Copay
Lens Options	Premium progressive* tier 4	\$90 Copay, 80% of charge less \$120 allowance
	UV treatment	\$15 Copay
	Tint (solid or gradient)	\$15 Copay
	Standard plastic scratch coating	\$15 Copay
	Standard polycarbonate - adults	\$40 Copay
	Standard polycarbonate - kids under 19	\$40 Copay
	Polarized	20% Off retail price
	Photochromatic / transitions plastic	\$75 Copay
	Standard anti-reflective coating	\$45 Copay
	Premium anti-reflective tier 1	\$57 Copay
	Premium anti-reflective tier 2	\$68 Copay
	Premium anti-reflective tier 3	80% Of charge
Contact Lenses **	Other add-ons	20% Off retail price
	Conventional	\$150 Allowance
	Disposable	\$150 Allowance
Laser Vision Correction	Medically necessary	\$0 Copay, paid-in-full
	Laser vision correction, Lasik or PRK <i>Vision correction utilizes U.S. Laser Network</i>	15% Off retail price or 5% off promotional price

* 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.

Rates:	DeltaVision® add on rates, when dental programs A-D are purchased.
Subscriber	\$6.94
Subscriber +1	\$13.88
Family	\$20.82


Find your benefit breakdown, savings snapshot, cost estimator and a detailed eye doctor search in one secure place.

 Register and log in to the member portal at: member.eyemedvisioncare.com/deltavisionmn

 Review your vision benefit information:

- View your benefit details
- Check claim status
- Confirm eligibility
- Print ID cards

 Find an Insight network eye doctor near you and schedule an appointment!
 Use the "Find an eye doctor" tool on the member portal to connect with a eye health expert near you.
† Most, but not all, network providers offer online scheduling.

 For benefit questions, contact customer service:
 1-833-279-4362
 Monday - Saturday: 7 a.m. - 10 p.m. CST
 Sunday: 10 a.m. - 7 p.m. CST

Additional Participating Provider Network Discounts.

At all in-network locations you can receive the following discounts:

- 40% off additional complete pairs of glasses
- 20% off any remaining frame balance over the allowance
- 15% off any remaining conventional contact lens balance
- 20% off non-covered items, including non-prescription sunglasses, accessories and lens cleaner
- 15% off the standard price or 5% off any promotional price of LASIK or PRK services from U.S. Laser Network