

2025 Delta Dental of Arizona Flex Choice Plan

The Delta Dental of Arizona Flex Choice Plan for employer groups provides a selection of four dental plans and three vision plans for the varying needs of employees. Now each employee can choose the plans that are right for them and their family.

Dental Plans Benefit Overview	Plan 1 \$500 MAX (10001)	Plan 2 \$1,000 MAX (20001)	Plan 3 \$1,500 MAX (30001)	Plan 4 \$2,500 MAX (40001)
Network	MAC PPO	MAC PPO	MAC PPO	PPO + Premier
Deductible (Individual/Family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Deductible Applies To	Basic & Major	Basic & Major	Basic & Major	Basic & Major
Annual Maximum <small>Per person per benefit year</small>	\$500	\$1,000	\$1,500	\$2,500
Preventive & Diagnostic	100%	100%	100%	100%
Basic	50%	70%	80%	80%
Major	25%	40%	50%	50%
Benefit Highlights				
Endodontics (root canal therapy)	25%	40%	80%	80%
Periodontics (treatment of gum disease)	25%	40%	80%	80%
Simple Extractions	25%	40%	80%	80%
Oral Surgery	25%	40%	50%	50%
CheckUp Plus™	Yes	Yes	Yes	Yes
Composite Fillings on All Teeth	No	No	Yes	Yes
Implants	25%	40%	50%	50%
Orthodontia	N/A	N/A	Child Only	Child Only
Orthodontia Coverage	N/A	N/A	50%	50%
Orthodontia Lifetime Maximum	N/A	N/A	\$1,000	\$1,500

Monthly Rates				
EE Only	\$19.73	\$33.18	\$48.10	\$62.12
EE + Spouse	\$40.29	\$67.75	\$98.24	\$126.85
EE + Child(ren)	\$46.44	\$78.11	\$125.59	\$167.71
EE + Family	\$73.47	\$123.57	\$195.02	\$258.95

These book-rated plans are available for groups with or without prior coverage that have 2 - 99 enrolled employees. Our Flex Choice Plan blends industry ratings and are available whether this is a contributory or voluntary plan. For full benefit details or more information please contact your Delta Dental of Arizona representative.

Vision Plans In-Network	Gold Plan 1 (18801)	Platinum Plan 2 (28801)	Diamond Plan 3 (38801)
Vision Exam with Dilation (as needed)	\$10 copay	\$10 copay	\$10 copay
Frames	\$0 copay; \$125 allowance , 20% off balance over \$125	\$0 copay; \$150 allowance , 20% off balance over \$150	\$0 copay; \$175 allowance , 20% off balance over \$175
Standard Plastic Lenses			
Single Vision	\$10 copay	\$10 copay	\$10 copay
Bifocal	\$10 copay	\$10 copay	\$10 copay
Trifocal	\$10 copay	\$10 copay	\$10 copay
Lenticular	\$10 copay	\$10 copay	\$10 copay
Standard Progressive Lens ¹	\$75 copay	\$75 copay	\$75 copay
Premium Progressive Lens ¹	Tier 1: \$95 copay Tier 2: \$105 copay Tier 3: \$120 copay Tier 4: \$75 copay, 80% of charge less \$120 allowance	Tier 1: \$95 copay Tier 2: \$105 copay Tier 3: \$120 copay Tier 4: \$75 copay, 80% of charge less \$120 allowance	Tier 1: \$95 copay Tier 2: \$105 copay Tier 3: \$120 copay Tier 4: \$75 copay, 80% of charge less \$120 allowance
Contact Lenses			
Disposable	\$0 copay; \$125 allowance	\$0 copay; \$150 allowance	\$0 copay; \$175 allowance
Frequency	Once every 12 months	Once every 12 months	Once every 12 months
Examination	Once every 12 months	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months	Once every 12 months
One & Sun (employee & spouse only)	Included*	Included*	Included*

*With the One & Sun™ add-on, eligible DeltaVision® members can claim a free pair of non-prescription designer sunglasses, including Ray-Ban® or Oakley®, after their annual eye exam. This benefit is available every other year and is exclusively for covered employees and their spouses, not dependent children. **Learn more at oneandsun.com.**

Monthly Rates			
EE Only	\$8.66	\$10.24	\$12.58
EE + Spouse	\$17.33	\$20.50	\$25.18
EE + Child(ren)	\$14.43	\$17.52	\$22.09
EE + Family	\$23.70	\$28.53	\$35.67

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¹Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. EyeMed reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Contact EyeMed for a current listing of brands by tier.

Underwriting Guidelines

Underwriting guidelines are outlined below. Coverage for some services are subject to frequency and age limitations. Please refer to the benefit booklet for specific plan details and information.

1. No minimum Employer contribution is required.
2. Plans are available for groups with 2-99 enrolled employees only.
3. All plan options in the suite of plans must be offered to all employees.
4. All dependents must be enrolled under the same insurance plan as the primary subscriber.
5. For dental, the minimum participation required is the greater of 25% of the eligible employees enrolled or 2 enrolled across the suite of dental plans. For vision, the minimum participation required is 2 enrolled employees across the suite of vision plans.
6. Arizona resident groups only.
7. If the group population has more than 25% residing outside Arizona, the group must be approved by Underwriting to purchase this suite of plans.
8. Rates may include up to 10% broker commissions.
9. If takeover benefits are requested, a copy of the prior indemnity or PPO dental insurance carrier's invoice, benefit summary or renewal will be required.
10. Quoted dental and vision plans and rates assume that Delta Dental of Arizona is the sole carrier offered for both dental and vision benefits. No other dental, DHMO or vision options may be offered alongside this suite of plans.
11. Part-time employees and retirees are not eligible for benefits. Credit towards required participation may be given to those currently covered under a spouse's group dental plan.
12. Contract leased or 1099 employees are not eligible for benefits.
13. Employees of the same group that are related by marriage and living in the same household must enroll with one employee as the primary subscriber and the second employee as a dependent. Only the primary subscriber will be counted in qualifying a group for group coverage.
14. Once a plan has sold, the employer must verify that participation requirements are met. For participation verification purposes, Delta Dental of Arizona will accept one of the following:
 - a. Completed enrollment spreadsheet with all eligible employees. Our Underwriting Department reserve the right to request waivers for those not enrolling.
 - b. Unemployment Wage and Tax Statement
 - c. Updated census identifying enrollment and waivers.
 - d. Completed enrollment verification on the Master Application
15. Groups are subject to approval by the Delta Dental of Arizona Underwriting Department. If post-enrollment review shows that all underwriting requirements have not been met, Delta Dental reserves the right to terminate the contract retroactively to the effective date.
16. Delta Dental of Arizona reserves the right to request a copy of the most recent Unemployment Wage and Tax Statement at any time to confirm participation levels are met.
17. No paper invoices will be generated or mailed. Group billing and ongoing eligibility is paperless. If the final enrollment is less than 10 employees, premium payments must be made via ACH.
18. Standard Delta Dental of Arizona policy language is being quoted.

Final eligibility and rates are subject to approval by the Delta Dental of Arizona Underwriting Department.

Ineligible Industries/Groups

The following entities are ineligible for group benefits through Delta Dental of Arizona:

- General dentistry groups
- Fraternal organizations and professional associations
- Groups exclusively comprised of contracted (1099) employees.
- Groups where 50% or more of the employees are related and living in the same household