

Elect Dental



Affordable, Basic Dental Coverage for Individuals and Families in Oregon



Elect Dental

Complements Your Medical Coverage

The Elect Dental plan can be combined with your PacificSource individual medical plan, or purchased separately, to fit your coverage needs.



If you have any questions throughout the process, please feel free to contact our Individual Sales staff toll-free at 866.695.8684, or by email at individual@pacificsource.com.

Plan and Provider Network Highlights

Elect Dental coverage features quality benefits covering your family's needs, savings through low out-of-pocket expense, and quality care from Advantage Dental Network dentists:

- **Diagnostic and preventive care services fully covered.** Routine examinations, cleanings, x-rays, sealants, and space maintainers are covered at 100 percent when you receive these services from an Advantage Dental Network dentist.
- **Save out-of-pocket expense.** Your deductible is zero when you see an Advantage Dental Network dentist.
- **Your annual maximum benefit grows** over three years. You will have a \$750 annual maximum the first year, \$1,000 the second year, and \$1,250 the third year and after.
- **The Advantage Dental Network** includes dentists throughout Oregon. Advantage Dental Network and their contracted network dentists encourage preventive care services to help you maintain your dental health and avoid severe problems.
- **Out-of-network provider coverage:** You may choose to see an out-of-network dentist (a dentist who is not a member of the Advantage Dental Network). Deductibles apply, and we cover these services based on Advantage Dental Network usual, customary, and reasonable charges.

Ready to Apply?

You may apply for a PacificSource Elect Dental policy if you are an Oregon resident and not covered by any other dental plan. Your legal spouse, domestic partner, and dependent children under the age of 26 may also apply. *Please note, if you were previously covered under a **PacificSource Elect Dental** policy, you will be ineligible for a new policy for 24 months following the date coverage ended.*

- 1 Review the plan summary and determine your monthly premium from the tables on the next page. Rates are based on the age of the oldest family member on your policy.
- 2 Choose your coverage effective date. We can issue your new policy on the first or fifteenth of a future month. We will need to receive your application the day before your plan is to be effective.
- 3 Apply online or by submitting a printed application. To apply online, visit our Web site at PacificSource.com, click Find a Plan, and follow the prompts. Receive a printed application from your insurance agent or by contacting us.

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Annual Maximum Benefit	\$750 the first year; \$1,000 the second year; \$1,250 the third year and after
Annual Deductible: In-network Provider Out-of-network Provider	Deductible (individual/family) per calendar year: None \$50/\$150 (Applies to Class I, II, and Class III Services for out-of-network dentists.)

		In-Network	Out-of- Network
Class I: Diagnostic and Preventive Care (no waiting period)			
Routine Examinations	2 per calendar year	100%	100% after deductible
Dental Cleanings (Prophylaxis or Periodontal Maintenance)	2 per calendar year		
Full Mouth X-rays and/or Panorex	1 complete mouth series every 5 years		
Bitewing X-rays	4 films in a 6-month period		
Topical Fluoride	2 applications per calendar year through age 18		
Sealants	1 application every 5 years to permanent molars and bicuspid through age 18		
Space Maintainers	Covered through age 13		
Class II: Basic Services (6-month waiting period for Class II services; prior coverage is creditable)			
Periodontal Scaling and Root Planing and/or Curettage	1 procedure every 3 years per quadrant	80%	80% after deductible
Full Mouth Debridement	1 procedure every 36 months		
Fillings	1 per surface per tooth every 5 years; reduced to amalgam restoration		
Simple Extractions	Covered		
Class III: Major Treatments (12-month waiting period for Class III services; prior coverage is creditable)			
Crowns	1 per tooth every 10 years	50%	50% after deductible
Root Canal Therapy	1 per tooth every 5 years		
Oral or Periodontal Surgery	Covered; requires preauthorization		
Prosthetic Devices (Bridges)	Replaced after 10 years		
Cast Partial Denture, Full, Immediate, or Overdenture	Limited to cost of full or cast partial denture		
Fixed or Removable Cast Partials	1 every 10 years per tooth, no age limit		
Dental Implant	Limited to once per lifetime per tooth space. Final crown and implant abutment over a single implant. Final implant-supported bridge abutment and implant abutment, or pontic. Alternate benefit per arch of conventional full/partial denture for final implant-supported full/partial denture prosthetic device.		
Policy Provision			
Missing Teeth	A 36-month waiting period applies to treatment for teeth extracted prior to the policy effective date. Prior coverage is creditable.		

Please refer to your policy for further explanation of benefits, including limitations and exclusions.

Rates

	0-17	18-20	21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Individual	\$36.00	\$36.00	\$40.00	\$40.00	\$40.00	\$45.00	\$45.00	\$51.00	\$51.00	\$51.00	\$51.00	\$55.00
Individual + Spouse	\$76.00	\$76.00	\$81.00	\$81.00	\$81.00	\$91.00	\$91.00	\$100.00	\$100.00	\$100.00	\$100.00	\$109.00
Individual + Family	\$114.00	\$114.00	\$120.00	\$120.00	\$120.00	\$136.00	\$136.00	\$149.00	\$149.00	\$149.00	\$149.00	\$160.00
Individual + Children	\$73.00	\$73.00	\$80.00	\$80.00	\$80.00	\$91.00	\$91.00	\$98.00	\$98.00	\$98.00	\$98.00	\$107.00

We review our rates periodically. If a rate adjustment is needed, we will notify you 30 days in advance.

At PacificSource, we're committed to helping people get the healthcare they need.

Who We Are

PacificSource is an independent, not-for-profit health insurer serving the Pacific Northwest. Founded in 1933, PacificSource provides medical and dental benefits to more than 290,000 people with its group and individual health insurance plans.



Our members appreciate our personal service and commitment to quality healthcare. That's what our customers tell us through our ongoing customer surveys.

Find a Dentist

To find a dentist in our online provider directory, visit PacificSource.com and click the Find a Provider link at the top of any page. If your current dental provider is not part of the Advantage Dental Network, we encourage you to nominate him or her by completing a nomination form. This form is available at PacificSource.com under Find a Provider.

Benefit Exclusions

The following is a partial list of services excluded from coverage. Please refer to your policy for a complete list.

- Orthodontic services
- Aesthetic dental procedures
- Cosmetic/reconstructive services and supplies
- Temporomandibular Joint (TMJ)
- Athletic mouth guards
- Third party liability, motor vehicle liability, motor vehicle insurance coverage, workers' compensation:
 - Any services or supplies for illness or injury for which a third party is responsible, or which are payable by such third party
 - Any services or supplies for illness or injury which are payable pursuant to applicable workers' compensation laws, motor vehicle liability, uninsured motorist, underinsured motorist, and personal injury protection insurance and any other liability and voluntary medical payment insurance to the extent of any recovery received from or on behalf of such sources



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PacificSource.com