



2023 Dental Plans for **Oregon Small Groups** | 1–50



Decide on dental



Good dental health can lead to better overall health. You can pair our dental plans with the health plans you offer your employees, or select dental-only.

Choose a Dental Choice or Dental Advantage plan

Dental Choice plans give your employees the option to see any licensed dentist. They are high-value options for employees who place a priority on choice.

Dental Advantage plans give members access to a robust network of more than 1,200 dental providers at more than 750 locations in Idaho, Oregon, and Washington. It's important that members see Dental Advantage network dentists. Otherwise, they'll end up paying more out of pocket for dental care.

Search dentists from our Find a Doctor tool at [PacificSource.com](#).

Give your employees a Voluntary Dental option

Not looking to offer a dental plan, but want to give your employees a dental option? Voluntary Dental may be just what you need.

With this option, your employees pay the full premium as if they were buying their own dental plan, but they get benefits that typically come with a group dental plan.

Voluntary Dental is available with our Choice and Advantage plans only, and 10 or more employees must enroll. Additional guidelines and requirements apply. Please contact us for details.

2023 Oregon | Small Group Dental Plans

	Dental Choice 0-20-50 50-1000	Dental Choice Plus 0-20-50 25-1000 or 0-20-50 25-1500	Dental Choice Plus 0-20-50 50-1000 or 0-20-50 50-1500	Dental Advantage Core		Dental Advantage 20-20-50 1000 or 20-20-50 1500		Dental Advantage 0-20-50 1000 or 0-20-50 1500		Dental Advantage Plus 0-20-50 1000 or 0-20-50 1500		Kids Dental Advantage 0-20-50 or 20-40-50 <small>(coverage for members age 18 and under)</small>	
	No network needed	No network needed	No network needed	Advantage Network		Advantage Network		Advantage Network		Advantage Network		Advantage Network	
Group Size Required for Standalone Policy	1+	1+	1+	1+		1+		1+		1+		1+	
	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Annual Deductible Individual/Family	\$50 / \$150	\$25 / \$75	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150
Annual Maximum Benefit Per person, age 19 and older	\$1,000	\$1,000 or \$1,500	\$1,000 or \$1,500	\$500 on Class II services		\$1,000 or \$1,500		\$1,000 or \$1,500		\$1,000 or \$1,500		N/A	
Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and younger	\$375 / \$750	\$375 / \$750	\$375 / \$750	\$375 / \$750	N/A	\$375 / \$750	N/A	\$375 / \$750	N/A	\$375 / \$750	N/A	\$375 / \$750	N/A
	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:
Class I Services	Covered in full	Covered in full	Covered in full	Covered in full	20%	20%	20%	Covered in full	20%	Covered in full	20%	Covered in full or 20%	20%
	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Class II Services	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20% or 40%	20% or 50%
Class III Services	50%	50%	50%	50% (age 19+ not covered)	50% (age 19+ not covered)	50%	50%	50%	50%	50%	50%	50%	50%
Exclusion Period Per person, age 19 and older	Class III: 12 months	None	None	Class II: 6 months		Class III: 12 months		Class III: 12 months		None		None	
Cosmetic Orthodontia*	Optional; \$1,000 Lifetime Max	Optional; \$1,000 Lifetime Max	Optional; \$1,000 Lifetime Max	N/A		Optional; \$1,000 Lifetime Max		Optional; \$1,000 Lifetime Max		Optional; \$1,000 Lifetime Max		N/A	

Plan names explained: **Advantage**—PPO-style plans | **Choice**—Indemnity plans | **Plus**—No exclusion periods

*Additional eligibility requirements may apply.

This is a brief summary. For more details, contact us at OregonSales@PacificSource.com or search small group plans at [PacificSource.com](#). Accessibility help: for assistance reading this table or the rest of the document, please call us at **888-977-9299**, TTY: 711. We accept all relay calls.

What's covered?



Here is a brief list of services and treatments most commonly asked about. For more details, search Oregon small group plans at [PacificSource.com](#).

Class I: Preventive Services

- Exams and x-rays
- Dental cleanings (prophylaxis or periodontal maintenance)
- Fluoride applications
- Sealant on bicusps and permanent molars (kids through age 18 only)
- Brush biopsies

Class II: Basic Services

- Simple extractions
- Periodontal scaling and root planing and/or curettage
- Full mouth debridement
- Fillings, including composite
- Complicated oral surgery
- Endodontic (pulp therapy and root canal therapy)
- Periodontal surgery

Class III: Major Services

- Full, immediate, or overdentures
- Crowns and bridges
- Child orthodontia (medically necessary only; all plans; kids through age 18)

Cosmetic Orthodontia*

- Available based on group size with any dental plan purchased direct through PacificSource (except Core and Kids plans)
- 26–50 enrolled employees: \$1,000 lifetime max, 12-month exclusion period; wait period reduced or eliminated with prior orthodontia coverage

We're here to help.

Contact our team or your broker for a quote.
We're available Monday through Friday, from 8:00 a.m. to 5:00 p.m.

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