



2024 Dental Plans

Washington Large Groups | 51+

Dental plans to support your whole health



Your choice: pair our dental plans with the health plans you offer your employees, or select dental-only.

Choose Dental PPO plan

With a Dental PPO plan, employees have access to a robust network of more than 4,900 dental providers and more than 1,550 locations in Washington. It's important that members see Dental PPO participating providers. Doing so maximizes benefits.

You can find dentists who accept the Dental PPO plan at [PacificSource.com](https://www.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 our Voluntary Dental 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 plan.

Voluntary Dental is available with our non-Plus plans to groups with 10 or more enrolled employees. Additional guidelines and requirements apply.

What's covered?

Here is a brief list of services and treatments most commonly asked about. For more details, search Washington large group plans at [PacificSource.com](https://www.pacificsource.com).

Class I: Preventive Services

- Exams and x-rays
- Three dental cleanings (prophylaxis or periodontal maintenance) per plan year
- Fluoride applications
- Sealant on bicuspids 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

Cosmetic Orthodontia*

- \$1,000, \$1,500, or \$2,000 lifetime maximum options
- 26+ enrolled employees
- 12-month exclusion period with some Voluntary Dental plans; exclusion period reduced or eliminated with prior orthodontia coverage

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	VOLUNTARY DENTAL ONLY							
	Dental PPO Plus 20-20-50 1000 or 20-20-50 1500		Dental PPO Plus 0-20-50 25-1000 or 0-20-50 25-1500		Dental PPO Plus 0-20-50 50-1000 or 0-20-50 50-1500		Dental PPO 0-20-50 1000 0-20-50 1500	
	Dental PPO		Dental PPO		Dental PPO		Dental PPO	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Annual Deductible Individual / Family	\$0	\$50 / \$150	\$0	\$25 / \$75	\$0	\$50 / \$150	\$0	\$50 / \$150
Annual Maximum Benefit Per person	\$1,000 or \$1,500		\$1,000 or \$1,500		\$1,000 or \$1,500		\$1,000 or \$1,500	
	NO DEDUCTIBLE, MEMBER PAYS:		NO DEDUCTIBLE, MEMBER PAYS:		NO DEDUCTIBLE, MEMBER PAYS:		NO DEDUCTIBLE, MEMBER PAYS:	
Class I Services	20%		Covered in full		Covered in full		Covered in full	
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER 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%
Class III Services	50%	50%	50%	50%	50%	50%	50%	50%
Exclusion Period Per person	None		None		None		Class III: 12 months	
Cosmetic Orthodontia*	Optional: \$1,000, \$1,500, or \$2,000 lifetime max		Optional: \$1,000, \$1,500, or \$2,000 lifetime max		Optional: \$1,000, \$1,500, or \$2,000 lifetime max		Optional: \$1,000, \$1,500, or \$2,000 lifetime max	

Plan names explained: **Dental PPO**—PPO-style plans | **Plus**—No exclusion periods

*Additional eligibility requirements may apply.

This is a brief summary. For more details, contact us at WashingtonSales@PacificSource.com or search group plans at PacificSource.com.

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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.

Phone: 888-206-4403

TTY: 711. We accept all relay calls.

Email: WashingtonSales@PacificSource.com

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