



2026 Dental Plans

Idaho Small Groups | 2–50

Dental plans to support your whole health



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

Choose a Dental PPO plan

Dental PPO plans give your employees access to a robust network of more than 1,000 dental providers to choose from across Oregon and Idaho. In order to get the most value from your plan, it is important that your employees see Dental PPO network dentists.

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

Voluntary Dental is available with PPO plans, excluding plans with “Plus” in the name. Ten or more employees must enroll. Additional guidelines and requirements apply; please contact us for details.

What’s covered?

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

Class I: Preventive Services

- Exams and x-rays
- Dental cleanings (prophylaxis or periodontal maintenance)
- 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
- Child orthodontia (medically necessary only; all plans; kids through age 18)

Cosmetic Orthodontia

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

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| | Dental PPO Core | | Dental PPO 0-20-50 750 | | Dental PPO 0-20-50 1000 or 0-20-50 1500 | | Dental PPO Plus 0-20-50 1000 or 0-20-50 1500 | | Kids Dental PPO 0-20-50 or 20-40-50 (members age 18 and younger) | |
|--|--------------------------------|-----------------------------------|---|-----------------------------------|---|-----------------------------------|--|-----------------------------------|---|-----------------------------------|
| | PPO Network | | PPO Network | | PPO Network | | PPO Network | | PPO Network | |
| Group Size Required for Standalone Policy | 2+ | | 2+ | | 2+ | | 2+ | | 2+ | |
| | 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 | 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 | \$500 on Class II services | | \$750 | | \$1,000 or \$1,500 | | \$1,000 or \$1,500 | | N/A | |
| Pediatric Out-of-Pocket Maximum Individual / Family, age 18 and younger | \$450 / \$900 | | \$450 / \$900 | | \$450 / \$900 | | \$450 / \$900 | | \$450 / \$900 | |
| | 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 | 20% | Covered in full | 20% | Covered in full | 20% | Covered in full | 20% | Covered in full or 20% | 20% |
| | 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% or 40% | 20% or 50% |
| Class III Services | 50% (age 19+ not covered) | 50% (age 19+ not covered) | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% |
| Adult Exclusion Period Per person, age 19 and older | Class II: 6 months | | Class II: 6 months; Class III: 12 months | | Class III: 12 months | | None | | None | |
| Cosmetic Orthodontia* | N/A | | Optional; \$1,000 lifetime max | | Optional; \$1,000 lifetime max | | Optional; \$1,000 lifetime max | | N/A | |

*Additional eligibility requirements may apply.

This is a brief summary. For more details, contact us at 888-600-5015, IdahoSales@PacificSource.com, or search small group plans at PacificSource.com.

Accessibility help: For assistance reading this chart or the rest of the document, please call us at 888-977-9299, TTY: 711. We accept all relay calls.



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.

Boise: 208-342-3709 | 888-600-5015

Coeur d'Alene: 208-342-3709 | 888-600-5015

Idaho Falls: 208-522-1360 | 888-600-5015

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Email: IdahoSales@PacificSource.com

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