



2026 Dental Plans

Oregon Individuals and Families

Dental plans to support your whole health



Your choice: combine a dental plan with your health plan, or select dental-only.

Choose a plan on our Dental PPO network

With Dental PPO plans, you'll have access to a robust network of more than 1,000 dental providers to choose from across Oregon and Idaho. It's important that you see dentists in the Dental PPO network. Doing so maximizes your benefits and minimizes what you pay. Find in-network dentists at [PacificSource.com](https://www.pacificsource.com).

Important terms to know when shopping for dental plans

Network: A group of dental providers you must choose from in order for the plan to pay at the in-network benefit level.

Annual maximum benefit: The most our plan will pay in a calendar year for adults 19 and older.

Annual deductible: The amount you'll need to pay in a calendar year before the plan pays for covered nonpreventive dental services.

Pediatric out-of-pocket maximum: The most you'll pay in a calendar year for enrolled kids through age 18.

Adult exclusion period: The amount of time members 19 and older will need to wait prior to receiving some dental services. Wait periods may be waived based on prior coverage.

What's covered?

Plans are available statewide through the Health Insurance Marketplace and direct with PacificSource. Below is a brief list of services and treatments most commonly asked about.

Go to [PacificSource.com](https://www.pacificsource.com) to get all the details.

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

Class III: Major Services

- Complicated oral surgery
- Endodontic (pulp therapy and root canal therapy)
- Periodontal surgery
- Full, immediate, or overdentures
- Crowns and bridges
- Child orthodontia (medically necessary only; all plans; kids through age 18)

Dental plans and rate options

Plans are available statewide through the Health Insurance Marketplace and direct with PacificSource. Rates are based on the age of each family member on the date that the plan becomes effective. Premiums will be charged for you and the following members of your family: your spouse or qualified domestic partner, your adult children age 21 and older, and up to three children younger than age 21.

Use this chart to estimate your family's premium

Dental PPO 0-20-50 1000		Dental PPO 0-20-50 1500		Kids Dental PPO 0-20-50 (members age 18 and younger)	
AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM
0 to 18	\$44	0 to 18	\$44	0 to 18	\$44
19 to 20	\$40	19 to 20	\$48	19 to 20	-
21 to 24	\$40	21 to 24	\$48	21 to 24	-
25 to 29	\$42	25 to 29	\$50	25 to 29	-
30 to 34	\$46	30 to 34	\$55	30 to 34	-
35 to 39	\$50	35 to 39	\$59	35 to 39	-
40 to 44	\$55	40 to 44	\$65	40 to 44	-
45 to 49	\$59	45 to 49	\$70	45 to 49	-
50 to 54	\$60	50 to 54	\$72	50 to 54	-
55 to 59	\$63	55 to 59	\$75	55 to 59	-
60 to 64	\$66	60 to 64	\$79	60 to 64	-
65+	\$66	65+	\$79	65+	-

Use this chart to compare our dental plans

	Dental PPO 0-20-50 1000		Dental PPO 0-20-50 1500		Kids Dental PPO 0-20-50 (members age 18 and younger)	
	Dental PPO		Dental PPO		Dental PPO	
	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
Annual Maximum Benefit Per person, age 19 and older	\$1,000		\$1,500		N/A	
Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and younger	\$450 / \$900	N/A	\$450 / \$900	N/A	\$450 / \$900	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:
Class I Services	Covered in full	20%	Covered in full	20%	Covered in full	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:
Class II Services	20%	20%	20%	20%	20%	20%
Class III Services	50%	50%	50%	50%	50%	50%
Exclusion Period Per person, age 19 and older	Class II: 6 months Class III: 12 months		Class II: 6 months Class III: 12 months		None	

This is a brief summary. Contact a Coverage Advisor at **855-472-2772** or by email at CoverageAdvisors@PacificSource.com. For more details, search individual and family plans at PacificSource.com. Accessibility help: for assistance reading this chart or the rest of the document, please call us at **855-472-2772**, TTY: 711. We accept all relay calls.

Ready to enroll?



Enroll online

You can enroll directly with PacificSource by visiting our website: PacificSource.com. Just look for the **Shop Plans** menu and choose **Dental**.



Enroll by email, fax, or mail

Complete a paper enrollment form and submit it to us at:

Email: Individual@PacificSource.com

Fax: 541-225-3646

Mail: PacificSource Health Plans
Attn: Individual Department
PO Box 7068
Springfield, OR 97475-0068



We're here to help.

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