Dental plans to help you smile more.

2018 Dental Plans for Idaho Individuals and Families
We’re in your corner for great healthcare.

You work hard every day to take care of yourself and your family. It’s worth it, because when you feel well, you’re able to enjoy everything else a little bit more. And we know that good health and feeling well are a lot easier when you have people who care about you in your corner.

For more than 80 years, we’ve dedicated ourselves to providing healthcare coverage to the people in our communities—people like you and your family. We work with you and providers to help you receive the quality healthcare you need.

When it comes to getting that care, we’ve got you covered.
Our dental plans give you more to smile about.

Good dental health and regular preventive care are important to your overall well-being. That’s why we offer dental plans that you can group with your health plan.
Choose a plan on our Dental Advantage network.

With Dental Advantage plans, you’ll have access to a robust network of more than 1,800 dental providers in Idaho, Oregon, and Washington. It’s important that you see Dental Advantage network dentists. Otherwise, you’ll end up paying more out of pocket for your dental care.

You can find dentists who are in the Dental Advantage network at PacificSource.com/find-a-dentist.
## Dental Advantage 0/20/50

| **Network** | Dental Advantage 0/20/50  
|-------------|---|
| Network  
A group of dental providers you must choose from in order for the plan to pay as shown here. | Dental Advantage 0/20/50  

### Annual maximum benefit
The most we will pay in a calendar year for adults 19 and older.

| Age Group | Premium  
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>0 to 18</td>
<td>$47</td>
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<tr>
<td>19 to 20</td>
<td>$47</td>
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<tr>
<td>21 to 24</td>
<td>$46</td>
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<td>25 to 29</td>
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<td>30 to 34</td>
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<td>35 to 39</td>
<td>$57</td>
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<td>40 to 44</td>
<td>$63</td>
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<td>45 to 49</td>
<td>$68</td>
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<tr>
<td>50 to 54</td>
<td>$70</td>
</tr>
<tr>
<td>55 to 59</td>
<td>$73</td>
</tr>
<tr>
<td>60 to 64</td>
<td>$75</td>
</tr>
<tr>
<td>65+</td>
<td>$75</td>
</tr>
</tbody>
</table>

### Annual deductible
The amount you’ll have to pay in a calendar year before the plan pays for covered Class II and Class III services. *See page 7.*

| Age Group | Premium  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 18</td>
<td>$47</td>
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<td>60 to 64</td>
<td>$75</td>
</tr>
<tr>
<td>65+</td>
<td>$75</td>
</tr>
</tbody>
</table>

### Pediatric out-of-pocket limit
The most you’ll pay in a calendar year for enrolled kids through age 18.

- Child: $350
- Two or more children: $700

### Co-insurance
Your share of costs, after your deductible has been paid (if applicable). *See page 7 for more about Class I, II, and III services.*

- Class I: 0%
- Class II: 20%
- Class III: 50%

### Adult waiting period
There is no waiting period for members through age 18.

Class II: 6 months  
Class III: 12 months

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## Dental Rates

Plans are available statewide through Your Health Idaho and direct with PacificSource.

**Calculating Dental Rates for Families**

Rates are based on the age of each family member on the date that the plan becomes effective. Premiums will be charged for the following members of your family:

- Subscriber
- Spouse or qualified domestic partner
- Adult children age 21 and older
- Up to three children under the age of 21
Dental Advantage

**Kids Dental Advantage 0/20/50** (for members through age 18)

<table>
<thead>
<tr>
<th>Network</th>
<th>A group of dental providers you must choose from in order for the plan to pay as shown here.</th>
<th>Dental Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual maximum benefit</strong></td>
<td>The most we will pay in a calendar year for adults 19 and older.</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Annual deductible</strong></td>
<td>The amount you’ll have to pay in a calendar year before the plan pays for covered Class II and Class III services. <em>See page 7.</em></td>
<td>None</td>
</tr>
<tr>
<td><strong>Pediatric out-of-pocket limit</strong></td>
<td>The most you’ll pay in a calendar year for enrolled kids through age 18.</td>
<td>Child: $350  Two or more children: $700</td>
</tr>
<tr>
<td><strong>Co-insurance</strong></td>
<td>Your share of costs, after your deductible has been paid (if applicable). <em>See page 7 for more about Class I, II, and III services.</em></td>
<td>Class I: 0%  Class II: 20%  Class III: 50%</td>
</tr>
<tr>
<td><strong>Adult waiting period</strong></td>
<td>There is no waiting period for members through age 18.</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Dental Rates**

Plans are available statewide through the Health Insurance Marketplace and direct with PacificSource.

<table>
<thead>
<tr>
<th>Age</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 18</td>
<td>$45</td>
</tr>
<tr>
<td>19 to 65</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Calculating Dental Rates for Families**

Rates are based on the age of each family member on the date that the plan becomes effective. Premiums will be charged for the following members of your family:

- Subscriber
- Spouse or qualified domestic partner
- Adult children age 21 and older
- Up to three children under the age of 21
What’s covered?
Here is a brief list of services and treatments most commonly asked about. Go to PacificSource.com/idaho/individual-dental-2018 to get all the details.

<table>
<thead>
<tr>
<th>Class I: Preventive Services</th>
<th>Class II: Basic Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Exams and x-rays</td>
<td>• Simple extractions</td>
</tr>
<tr>
<td>• Dental cleanings (prophylaxis or periodontal maintenance)</td>
<td>• Periodontal scaling and root planning and/or curettage</td>
</tr>
<tr>
<td>• Fluoride applications</td>
<td>• Full mouth debridement</td>
</tr>
<tr>
<td>• Sealant on bicuspid and permanent molars (kids through age 18 only)</td>
<td>• Fillings</td>
</tr>
<tr>
<td>• Brush biopsies</td>
<td></td>
</tr>
</tbody>
</table>

**Class III: Major Services**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Complicated and oral surgery</td>
</tr>
<tr>
<td>• Endodontic (pulpal therapy and root canal therapy)</td>
</tr>
<tr>
<td>• Periodontal surgery when preauthorized</td>
</tr>
<tr>
<td>• Full, immediate, or overdentures</td>
</tr>
<tr>
<td>• Crowns and bridges</td>
</tr>
<tr>
<td>• Child orthodontia (medically necessary only; all plans; kids through age 18)</td>
</tr>
</tbody>
</table>

Continued on next page

What’s not covered.
Below is a complete list of services and treatments that are not covered under our dental plans. A full explanation of benefits, including limitations and exclusions, will be provided in the policy.

**Please note:** Only the language of the actual policy is legally binding.

- Aesthetic dental procedures
- Antimicrobial agents
- Athletic activities – any injuries sustained while competing or practicing for a professional athletic contest
- Athletic mouth guards for enrolled individuals age 19 and older
- Biopsies or histopathologic exams
- Charges for broken appointments
- Collection of cultures and specimens for enrolled individuals age 19 and older
- Comprehensive periodontal exams for enrolled individuals age 19 and older
- Connector bar or stress breaker
- Core build-ups are not covered unless used to restore a tooth that has been treated endodontically (root canal) for enrolled individuals age 19 and older

Continued on next page
- Cosmetic/reconstructive services and supplies
- Denture replacement made necessary by loss, theft, or breakage
- Diagnostic casts – diagnostic casts (study models) and occlusal appliances for enrolled individuals age 19 and older
- Diagnostic casts - gnathological recordings, occlusal equilibration procedures, or similar procedures
- Drugs and medications that are prescribed drugs, and take-home medicine or supplies distributed by a provider for any member.
- Educational programs – instructions and/or training in plaque control and oral hygiene for individuals age 19 and older
- Experimental or investigational procedures
- Fractures of the maxilla and mandible
- General anesthesia, except when administered by a dentist in connection with oral surgery in his/her office
- Gingivectomy, gingivoplasty, or crown lengthening in conjunction with crown preparation or bridge services done on the same date of service
- Hospital charges or additional fees charged by the dentist for hospital treatment for enrolled individuals age 19 and older
- Hypnosis
- Indirect pulp caps are to be included in the restoration process, and are not a separate covered benefit
- Infection control
- Intra and extra coronal splinting
- Orthodontic services – repair or replacement of orthodontic appliances furnished under the plan.
- Orthodontic services – treatment of misalignment of teeth and/or jaws, or any ancillary services expressly performed because of orthodontic treatment, except as provided for medically necessary treatment when treatment began prior to turning age 19 and was not completed prior to turning age 19.
- Orthognathic surgery
- Periodontal probing, charting, and re-evaluations
- Photographic images
- Pin retention in addition to restoration for enrolled individuals age 19 and older
- Precision attachments
- Pulpotomies on permanent teeth for members age 19 and older
- Removal of clinically serviceable amalgam restorations to be replaced by other materials free of mercury, except with proof of allergy to mercury
- Services covered by the member’s medical plan
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth
- Services or supplies for which no charge is made, which you are not legally required to pay, or which a provider or facility is not licensed to provide, even though the service or supply may otherwise be eligible
- Services or supplies provided outside of the United States, except in cases of emergency
- Sinus lift grafts to prepare sinus site for implants
- Stress-breaking or habit-breaking appliances
- Temporomandibular joint (TMJ) – services or supplies for treatment of any disturbance of the temporomandibular joint
- Third party liability, motor vehicle liability, motor vehicle insurance coverage, or workers’ compensation
- Tooth transplantation
- Treatment after insurance ends
- Treatment not dentally necessary according to acceptable dental practice, or treatment not likely to have a reasonably favorable prognosis
- Treatment of any illness, injury, or disease resulting from an illegal occupation or attempted felony, or treatment received while in the custody of any law enforcement authority
- Treatment prior to enrollment
- Unwilling to release information
- War-related conditions
Ready to **Enroll?**

**Enroll online:** To enroll online directly with PacificSource:

2. Click “Compare Rates and Apply Online.”
3. Choose “PacificSource.”
4. Follow the on-screen instructions to complete and submit your enrollment application.

If you’re eligible for financial assistance, you’ll need to enroll through the Health Insurance Marketplace. Visit YourHealthIdaho.org to find out if you’re eligible.

**Enroll by email, fax, or mail:** Complete a paper enrollment form and submit it to us at:

   - Email: idahoindividual@pacificsource.com
   - Fax:  (208) 333-1587
   - Mail:  PacificSource Health Plans  
     Attn: Individual Department  
     PO Box 7068  
     Springfield, OR 97475-0068