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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.

**Boise:** (208) 342-3709 | (888) 492-2875

**Coeur d'Alene:** (208) 333-1557 | (800) 688-5008

**Idaho Falls:** (208) 522-1360 | (800) 688-5008

**Email:** [idahosales@pacificsource.com](mailto:idahosales@pacificsource.com)

**PacificSource.com**

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## 2021 Dental Plans for **Idaho** Small Groups | 2–50

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# 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 dentist they want. It's a high-value option for employees who place a priority on choice.

**Dental Advantage plans** give your employees access to a robust network of more than 1,800 dental providers in Idaho and Oregon. In order to get the most value from your plan, it is important that your employees see Dental Advantage network dentists.

Find dentists who are in the Dental Advantage network 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 plan benefits that typically come with a dental plan that you might offer as an employer.

Please note that there are additional guidelines and requirements for voluntary dental plans.

A downloadable brochure about voluntary dental options is available at **PacificSource.com**.

# 2021 Idaho | Small Group Dental Plans

|   | Dental Choice<br>0-20-50 50-1000 | Dental Choice Plus<br>0-20-50 25-1000 or<br>0-20-50 25-1500 | Dental Choice Plus<br>0-20-50 50-1000 or<br>0-20-50 50-1500 | Dental Advantage<br>Core    |                                | Dental Advantage<br>0-20-50 750             |                                | Dental Advantage<br>0-20-50 1000 or<br>0-20-50 1500 |                                | Dental Advantage Plus<br>0-20-50 1000 or<br>0-20-50 1500 |                                | Kids Dental Advantage<br>0-20-50 or<br>20-40-50<br><small>(coverage for members age 18 and under)</small> |                                |
|---|----------------------------------|---|---|-----------------------------|--------------------------------|---|--------------------------------|---|--------------------------------|--|--------------------------------|---|--------------------------------|
|   | No Network                       | No Network  | No Network  | Advantage Network           |                                | Advantage Network                           |                                | Advantage Network                                   |                                | Advantage Network  |                                | Advantage Network   |                                |
| Group Size Required for Standalone Policy   | 2+                               | 2+  | 2+  | 2+                          |                                | 2+  |                                | 2+  |                                | 2+   |                                | 2+  |                                |
|   | 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<br><small>Individual / Family</small>                               | \$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<br><small>Per person, age 19 and older</small>                 | \$1,000                          | \$1,000 or \$1,500  | \$1,000 or \$1,500  | \$500 on Class II services  |                                | \$750                                       |                                | \$1,000 or \$1,500                                  |                                | \$1,000 or \$1,500                                       |                                | N/A   |                                |
| Pediatric Out-of-Pocket Maximum<br><small>Individual/Family, age 18 and under</small> | \$350 / \$700                    | \$350 / \$700   | \$350 / \$700   | \$350 / \$700               |                                | \$350 / \$700                               |                                | \$350 / \$700                                       |                                | \$350 / \$700  |                                | \$350 / \$700   |                                |
|   | 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%                            | Covered in Full                             | 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%                            |
| Wait Period<br><small>Per person, age 19 and older</small>                            | Class III: 12 months             | None  | None  | Class II: 6 months          |                                | Class II: 6 months;<br>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   |                                |

\*Additional eligibility requirements may apply.  
This is a brief summary. For more details, contact us at **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 or (800) 735-3260.

## 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**.

### Class I: Preventive Services

- Exams and X-rays
- Dental cleanings (prophylaxis or periodontal maintenance)
- Fluoride applications
- Sealant on bicuspid 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
- 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