

2021 Oregon Large Group Dental Plans



Dental Advantage and Dental Choice plans serve all Oregon counties.



Dental Advantage Essentials plans serve the following Oregon counties: Benton, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Morrow, Umatilla, Wallowa, Wasco, and Yamhill.



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.

Portland: (503) 699-6561 | (866) 540-1191 | portlandsales@pacificsource.com

Bend: (541) 330-8896 | (888) 877-7996 | bendsales@pacificsource.com

Springfield: (541) 686-1242 | (800) 624-6052 | springfieldsales@pacificsource.com

Medford: (541) 858-0381 | (800) 899-5866 | medfordsales@pacificsource.com

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2021 Dental Plans for **Oregon** Large Groups | 51+



2021 Oregon | Large Group Dental Plans

VOLUNTARY DENTAL ONLY

	Dental Advantage Essentials or Essentials Plus		Dental Choice Plus 20-20-50 50-1000 or 20-20-50 50-1500	Dental Choice Plus 0-20-50 25-1000 or 0-20-50 25-1500	Dental Choice Plus 0-20-50 50-1000 or 0-20-50 50-1500	Dental Advantage Plus 20-20-50 1000 or 20-20-50 1500		Dental Advantage Plus 0-20-50 25-1000 or 0-20-50 25-1500		Dental Advantage Plus 0-20-50 50-1000 or 0-20-50 50-1500		Dental Choice 0-20-50 50-1000 or 0-20-50 50-1500 or 0-20-50 25-1500	Dental Advantage 0-20-50 1000 or 0-20-50 1500	
	Advantage Essentials		No Network	No Network	No Network	Advantage Network		Advantage Network		Advantage Network		No Network	Advantage Network	
	IN NETWORK	OUT OF NETWORK	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	ANY PROVIDER	IN NETWORK	OUT OF NETWORK
Annual Deductible Individual / Family	N/A	N/A	\$50 / \$150	\$25 / \$75	\$50 / \$150	N/A	\$50 / \$150	N/A	\$25 / \$75	N/A	\$50 / \$150	\$25 / \$75 or \$50 / \$150	N/A	\$50 / \$150
Annual Maximum Benefit Per person	N/A		\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500		\$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:	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	Copay varies based on service, see benefit summary.	Not Covered	20%	Covered in Full	Covered in Full	20%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	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:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Class II Services	Copay varies based on service, see benefit summary.	Not Covered	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class III Services	Copay varies based on service, see benefit summary.	Not Covered	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Exclusion Period Per person	None		None	None	None	None	None	None	None	None	None	Class III: 12 months	Class III: 12 months	
Cosmetic Orthodontia*	Included; \$3,000 copay		Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	

Plan names explained: **Advantage**—PPO-style plans | **Choice**—Indemnity plans | **Essentials**—Dental HMO | **Plus**—No exclusion periods

*Additional eligibility requirements may apply. This is a brief summary. For more details, contact us at oregonsales@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.

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, Dental Advantage, or Dental Advantage Essentials 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, Oregon, and Washington. In order to get the most value from your plan, it is important that your employees see Dental Advantage network dentists.

Dental Advantage Essentials plans are not available in all areas. These plans cost less because employees and their chosen primary care dentist work together for optimal treatment plans and better outcomes. If employees don't receive in-network care, they pay the full cost of their dental treatment.

Search dentists from our Find a Doctor tool 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.

What's covered?

Here is a brief list of services and treatments most commonly asked about. For more details, search Oregon large group plans at 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
- 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*

Options for Dental Choice and Dental Advantage Plans

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

Dental Advantage Essentials Plans (included)

- \$3,000 copay