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## 2022 Dental Plans for **Oregon Individuals and Families**

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# Decide on **Dental**

Good dental health can lead to better overall health. You can group our dental plans with your health plan, or select dental-only.

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## Choose a plan on our **Dental Advantage network**

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With Dental Advantage plans, you'll have access to a robust network of more than 2,400 care access points in Oregon, Washington, and Idaho. It's important that you see Dental Advantage network dentists. Doing so maximizes your benefits and minimizes what you pay. Find dentists who are in the Dental Advantage network at [PacificSource.com](https://PacificSource.com).

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## Terms to know when shopping for dental plans

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

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

**Annual deductible:** The amount you pay in a calendar year before the plan pays for covered non-preventive dental services.

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

**Adult exclusion period:** The amount of time members 19 and older must wait before receiving certain dental services. Exclusion periods may be waived based on prior coverage.

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## What's covered?

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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://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

### **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 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 under the age of 21.

## USE THIS CHART TO ESTIMATE YOUR FAMILY'S PREMIUM

Dental Advantage 0-20-50 1000		Dental Advantage 0-20-50 1500		Kids Dental Advantage 0-20-50 (coverage for members age 18 and under)	
AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM
0 to 18	\$41	0 to 18	\$41	0 to 18	\$39
19 to 20	\$41	19 to 20	\$46	19 to 20	-
21 to 24	\$41	21 to 24	\$46	21 to 24	-
25 to 29	\$43	25 to 29	\$48	25 to 29	-
30 to 34	\$47	30 to 34	\$53	30 to 34	-
35 to 39	\$51	35 to 39	\$57	35 to 39	-
40 to 44	\$56	40 to 44	\$62	40 to 44	-
45 to 49	\$60	45 to 49	\$67	45 to 49	-
50 to 54	\$61	50 to 54	\$69	50 to 54	-
55 to 59	\$64	55 to 59	\$72	55 to 59	-
60 to 64	\$67	60 to 64	\$76	60 to 64	-
65+	\$67	65+	\$76	65+	-

## USE THIS CHART TO COMPARE OUR DENTAL PLANS

	Dental Advantage 0-20-50 1000		Dental Advantage 0-20-50 1500		Kids Dental Advantage 0-20-50 (coverage for members age 18 and under)	
	Advantage Network		Advantage Network		Advantage Network	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
<b>Annual Deductible</b> Individual / Family	N/A	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150
<b>Annual Maximum Benefit</b> Per person, age 19 and older	\$1,000		\$1,500		N/A	
<b>Pediatric Out-of-Pocket Maximum</b> Individual/Family, age 18 and under	\$375 / \$750	N/A	\$375 / \$750	N/A	\$375 / \$750	N/A
	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>
<b>Class I Services</b>	Covered in Full	20%	Covered in Full	20%	Covered in Full	20%
	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>AFTER DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>AFTER DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>AFTER DEDUCTIBLE, MEMBER PAYS:</b>
<b>Class II Services</b>	20%	20%	20%	20%	20%	20%
<b>Class III Services</b>	50%	50%	50%	50%	50%	50%
<b>Exclusion Period</b> 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 **855-330-2792** or by email at [CoverageAdvisors@PacificSource.com](mailto:CoverageAdvisors@PacificSource.com). For more details, search individual and family plans at [PacificSource.com](http://PacificSource.com). Accessibility help: For assistance reading this table or the rest of the document, please call us at **888-977-9299; TTY 711 or 800-735-3260**.

# Ready to Enroll?

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## Enroll online

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



## Enroll by email, fax, or mail

Complete a paper enrollment form and send it to us:

**Email:** [Individual@PacificSource.com](mailto:Individual@PacificSource.com)

**Fax:** 541-225-3646

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

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## We're here to help.

For more information, contact a Coverage Advisor at **855-330-2792**  
or by email at [CoverageAdvisors@PacificSource.com](mailto:CoverageAdvisors@PacificSource.com).