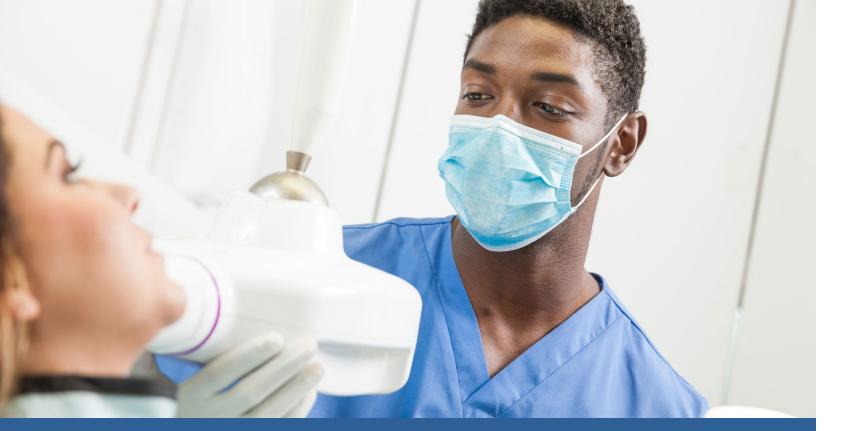


2022 Dental Plans for Washington Small Groups | 1–50





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 PPO plan

With a Dental PPO plan, members have access to a robust network of more than 4,700 care access points in Washington. It's important that members see Dental PPO participating providers. Doing so maximizes their benefits.

Find dentists who accept the Dental PPO plan at <u>PacificSource.com</u>.

Our dental plans are available for purchase by businesses located in all Washington counties.

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 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.

2022 Washington | Small Group Dental Plans

	Dental PPO 0-20-50 1000 or 0-20-50 1500		Dental PPO Plus 0-20-50 1000 or 0-20-50 1500	
	Dental PPO		Dental PPO	
Group Size Required for Standalone Policy	1+		1+	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Annual Deductible Individual/Family	N/A	\$50 / \$150	N/A	\$50 / \$150
Annual Maximum Benefit Per person, age 19 and older	\$1,000 or \$1,500		\$1,000 or \$1,500	
Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and under	\$375 / \$750	N/A	\$375 / \$750	N/A
	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%
	NO DEDUCTIBLE, Member Pays:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, Member Pays:	AFTER DEDUCTIBLE, MEMBER PAYS:
Class II Services	20%	20%	20%	20%
Class III Services	50%	50%	50%	50%
Exclusion Period Per person, age 19 and older	Class III: 12 months		None	

Plan names explained: Plus—No exclusion periods

This is a brief summary. For more details, contact us at WashingtonSales@PacificSource.com or search small group plans at 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.

What's covered?



Here is a brief list of services and treatments most commonly asked about. For more details, search Washington small group plans at PacificSource.com.

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
- 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)

TMJ Benefit

- \$1,000 max per year
- \$5,000 total maximum

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.

Phone: 888-492-2875

Email: WashingtonSales@PacificSource.com

PacificSource.com