



---

## 2023 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 1,600 dental providers at more than 950 locations 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 [PacificSource.com](https://www.pacificsource.com).

**Our dental plans are available for purchase by businesses located in Clark, Pierce, Spokane, and Thurston 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 benefits that typically come with a group dental plan.

Voluntary Dental is available with Family and Adult Dental PPO plans, excluding plans with “Plus” in the name. Ten or more employees must enroll, and additional guidelines and requirements apply. Please contact us for details.

## 2023 Washington | Small Group Dental Plans

	Family Dental PPO (Available as a Voluntary Dental plan) 0-20-50 1000 or 0-20-50 1500		Adult Dental PPO (Available as a Voluntary Dental plan) 0-20-50 1000 or 0-20-50 1500		Family Dental PPO Plus 0-20-50 1000 or 0-20-50 1500		Adult Dental PPO Plus 0-20-50 1000 or 0-20-50 1500	
	Dental PPO		Dental PPO		Dental PPO		Dental PPO	
Group Size Required for Standalone Policy	1+		1+		1+		1+	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Annual Deductible Individual/Family	N/A	\$50 / \$150	N/A	\$50 / \$150	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		\$1,000 or \$1,500		\$1,000 or \$1,500	
Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and younger	\$375 / \$750	N/A	N/A	N/A	\$375 / \$750	N/A	N/A	N/A
	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	20%	Covered in full	20%	Covered in full	20%	Covered in full	20%
	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%
Class III Services	50%	50%	50%	50%	50%	50%	50%	50%
Exclusion Period Per person, age 19 and older	Class III: 12 months		Class III: 12 months		None		None	

**Plan names explained:** **Plus**—No exclusion periods

This is a brief summary. For more details, contact us at [WashingtonSales@PacificSource.com](mailto:WashingtonSales@PacificSource.com) or search small group plans at [PacificSource.com](https://www.pacificsource.com).  
Accessibility help: for assistance reading this table or the rest of the document, please call us at **888-977-9299**, TTY: 711. We accept all relay calls.

### 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](https://www.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, including composite
- 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 family plans; kids through age 18)

#### TMJ Benefit

- \$1,000 max per year
- \$5,000 lifetime 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:** 888-505-2699

**TTY:** 711. We accept all relay calls.

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

[PacificSource.com](http://PacificSource.com)

---