



2024 Dental Plans

Montana Large Groups | 51+

Dental plans to support your whole health



Your choice: pair our dental plans with the health plans you offer your employees, or select dental-only.

Freedom to see any dentist

Our **Dental Choice** and **Choice Plus** plans give your employees the option to see any dentist they want. They're high-value options for employees who place a priority on choice.

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 our Voluntary Dental 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 plan.

Voluntary Dental is available with our non-Plus plans to groups with 10 or more enrolled employees. Additional guidelines and requirements apply.

What's covered?

Here is a brief list of services and treatments most commonly asked about. For more details, search Montana large group plans at [PacificSource.com](https://www.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, 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

Cosmetic Orthodontia*

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

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VOLUNTARY DENTAL ONLY

	Dental Choice Plus 0-20-50 25-1000 or 0-20-50 25-1500 or 0-20-50 25-2000	Dental Choice Plus 0-20-50 50-1000 or 0-20-50 50-1500 or 0-20-50 50-2000	Dental Choice 0-20-50 25-1500	Dental Choice 0-20-50 50-1000 0-20-50 50-1500 0-20-50 50-2000
	No Network	No Network	No Network	No Network
	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER
Annual Deductible Individual / Family	\$25 / \$75	\$50 / \$150	\$25 / \$75	\$50 / \$150
Annual Maximum Benefit Per person	\$1,000 or \$1,500 or \$2,000	\$1,000 or \$1,500 or \$2,000	\$1,500	\$1,000 or \$1,500 or \$2,000
	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
	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER 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	None	None	Class III: 12 months	Class III: 12 months
Cosmetic Orthodontia*	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: **Dental Choice**—Indemnity plans | **Plus**—No exclusion periods

*Additional eligibility requirements may apply.

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

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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.

Phone: 877-722-7728

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