



# 2026 Dental Plans

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Oregon Large Groups | 51+

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# 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.

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## Choose a Dental Choice, Dental PPO, or Dental Prepared plan

**Dental Choice plans** give your employees the option to see any licensed dentist. It's a high-value option for employees who place a priority on choice.

**Dental PPO plans** give your employees access to a robust network of more than 1,000 dental providers to choose from across Oregon and Idaho. It's important that members see Dental PPO network dentists. Otherwise, they'll end up paying more out of pocket for their dental care.

**Dental Prepared plans** are not available in all areas. These plans use the Dental Prepared network, and are copay based with no deductible. 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](https://www.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 group dental plan.

Voluntary Dental is available with our Choice and PPO plans only, and 10 or more employees must enroll. Additional guidelines and requirements apply. Please contact us for details.

## 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](https://www.pacificsource.com).

### Class I: Preventive and Diagnostic 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\*

*Options for Dental Choice and Dental PPO plans*

- \$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

*Dental Prepared Plans (included)*

- \$3,000 copay

2026 Oregon | Large Group Dental Plans

	VOLUNTARY DENTAL ONLY															
	Dental Prepared or Dental Prepared 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 PPO Proactive Plus 0-20-50 25-1500 or 0-20-50 50-1500	Dental PPO Plus 20-20-50 1000 or 20-20-50 1500		Dental PPO Plus 0-20-50 25-1000 or 0-20-50 25-1500		Dental PPO 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 PPO 0-20-50 1000 or 0-20-50 1500		
	Dental Prepared		No Network	No Network	No Network	Dental PPO		Dental PPO		Dental PPO		Dental PPO		No Network	Dental PPO	
	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	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	\$25 / \$75 or \$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	\$1,500 <sup>†</sup>		\$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:	AFTER 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	Covered in full		20%		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:	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%	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%	50%	50%
Exclusion Period Per person	None		None	None	None	None		None		None		None		Class III: 12 months	Class III: 12 months	
Cosmetic Orthodontia*	Included: \$3,000 copay	Not covered	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: Dental PPO—Network plan options | Dental Choice—Indemnity plans | Dental Prepared—EPO-style plan | Plus—No exclusion periods

\*Additional eligibility requirements may apply.

†Preventive services do not apply toward annual maximum.

This is a brief summary. For more details, contact us at [BendSales@PacificSource.com](mailto:BendSales@PacificSource.com), [MedfordSales@PacificSource.com](mailto:MedfordSales@PacificSource.com), [PortlandSales@PacificSource.com](mailto:PortlandSales@PacificSource.com), or [SpringfieldSales@PacificSource.com](mailto:SpringfieldSales@PacificSource.com) or search group plans at [PacificSource.com](https://www.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.

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