
Ready to Enroll?

Enroll online

Go to **PacificSource.com** for Oregon individual plan details.

First, compare rates and apply online. Then see the on-screen instructions to complete and submit your enrollment application.

If you're eligible for financial assistance, you'll need to enroll through the Health Insurance Marketplace. Visit OregonHealthcare.gov to find out if you're eligible.

Enroll by email, fax, or mail

Complete a paper enrollment form and submit it to us at:

Email: Individual@pacificsource.com

Fax: (541) 225-3646

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

We're here to help.

For more information, contact a Coverage Advisor at **(855) 330-2792**
or at **coverageadvisors@pacificsource.com**

IFP141_0919



2020 Dental Plans for **Oregon** Individuals and Families





Decide on Dental

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

Choose a plan on our Dental Advantage network

With Dental Advantage plans, you'll have access to a robust network of more than 1,800 dental providers in Idaho, Oregon, and Washington. It's important that you see Dental Advantage network dentists. Otherwise, you'll end up paying more out of pocket for your dental care. Search in-network dentists from our Find a Doctor tool at [PacificSource.com](#).

Important terms to know when shopping for dental plans

Network: A group of dental providers you must choose from in order for the plan to pay at the in-network rate.

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

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

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

Adult exclusion period: The amount of time members 19 and older will need to wait prior to receiving some dental services. Exclusion periods may be waived based on prior coverage.

What's covered?

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.

Search individual and family dental plan details at [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

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 that 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 <small>(coverage for members age 18 and under)</small>	
	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM
	0 to 18	\$42	0 to 18	\$42	0 to 18	\$41
	19 to 20	\$42	19 to 20	\$48	19 to 20	-
	21 to 24	\$42	21 to 24	\$48	21 to 24	-
	25 to 29	\$45	25 to 29	\$50	25 to 29	-
	30 to 34	\$48	30 to 34	\$54	30 to 34	-
	35 to 39	\$52	35 to 39	\$59	35 to 39	-
	40 to 44	\$58	40 to 44	\$65	40 to 44	-
	45 to 49	\$62	45 to 49	\$70	45 to 49	-
	50 to 54	\$64	50 to 54	\$71	50 to 54	-
	55 to 59	\$67	55 to 59	\$75	55 to 59	-
	60 to 64	\$70	60 to 64	\$79	60 to 64	-
65+	\$70	65+	\$79	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 <small>(coverage for members age 18 and under)</small>	
	Advantage Network		Advantage Network		Advantage 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
Annual Maximum Benefit Per person, age 19 and older	\$1,000		\$1,500		N/A	
Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and under	\$350 / \$700	N/A	\$350 / \$700	N/A	\$350 / \$700	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:
Class I Services	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:
Class II Services	20%	20%	20%	20%	20%	20%
Class III Services	50%	50%	50%	50%	50%	50%
Exclusion Period 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 us at **(855) 330-2792** or by email at coverageadvisors@pacificsource.com. For more details, search individual and family plans at [PacificSource.com](#).