



**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.

**Boise:** (208) 342-3709 | (888) 492-2875

**Coeur d'Alene:** (208) 333-1557 | (888) 492-2875

**Idaho Falls:** (208) 522-1360 | (888) 492-2875

**Email:** [idahosales@pacificsource.com](mailto:idahosales@pacificsource.com)

**PacificSource.com**

2020 Dental Plans for  
Idaho Large Groups | 51+

LRG511\_0719





# 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 Choice or Dental Advantage plan

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

**Dental Advantage plans** give your employees access to a robust network of more than 1,800 dental providers in Idaho, Oregon, and Washington. In order to get the most value from your plan, it is important that your employees see Dental Advantage network dentists.

Search dentists from our Find a Doctor tool at **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 dental plan that you might offer as an employer.

Voluntary dental is for groups with 10 or more enrolled employees. Please note these plans have special guidelines and requirements.

A downloadable brochure about voluntary dental is available at **PacificSource.com**.

# 2020 Idaho | Large Group Dental Plans

VOLUNTARY DENTAL ONLY									
	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 Advantage Plus 20-20-50 1000 or 20-20-50 1500		Dental Advantage Plus 0-20-50 1000 or 0-20-50 1500		Dental Choice 0-20-50 25-1500	Dental Choice 0-20-50 50-1000 or 0-20-50 50-1500	Dental Advantage 0-20-50 1000 or 0-20-50 1500
	No Network	No Network	Advantage Network		Advantage Network		No Network	No Network	Advantage Network
	ANY PROVIDER	ANY PROVIDER	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	ANY PROVIDER	ANY PROVIDER	IN NETWORK    OUT OF NETWORK
Annual Deductible Individual / Family	\$25 / \$75	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150	\$25 / \$75	\$50 / \$150	N/A    \$50 / \$150
Annual Maximum Benefit Per person	\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500		\$1,000 or \$1,500		\$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500
	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	Covered in Full	20%		Covered in Full		Covered in Full	Covered in Full	Covered in Full
	AFTER 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:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:    AFTER DEDUCTIBLE, MEMBER PAYS:
Class II Services	20%	20%	20%	20%	20%	20%	20%	20%	20%    20%
Class III Services	50%	50%	50%	50%	50%	50%	50%	50%	50%    50%
Exclusion Period Per person	None	None	None		None		Class III: 12 months	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		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: **Advantage**—PPO style plans | **Choice**—Indemnity plans | **Plus**—No exclusion periods

\* Additional eligibility requirements may apply.  
This is a brief summary. Contact us at **idahosales@pacificsource.com** or or search Idaho Summary of Benefits at **PacificSource.com**.

## What’s covered?

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

### Class I: Preventive Services

- Exams and X-rays
- Three dental cleanings per year (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 planning 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

### Cosmetic Orthodontia\*

- \$1,000 or \$1,500 lifetime maximum options
- 26+ enrolled employees
- 12-month exclusion period applies to voluntary plans