

Ready to Enroll?

Enroll online

To enroll online directly with PacificSource:

1. Go to [PacificSource.com/montana/individual-plan-details-2019](https://pacificsource.com/montana/individual-plan-details-2019).
2. Scroll down to "Compare Rates and Apply Online."
3. Click "PacificSource >."
4. Follow 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 [Healthcare.gov](https://www.healthcare.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: montanaindividual@pacificsource.com

Fax: (541) 225-3646

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



2019 Dental Plans for **Montana** Individuals and Families

2019 Montana | Individual and Family Dental Plans

For more information contact a Coverage Advisor at (855) 330-2792 or by email at montanaindividual@pacificsource.com.



Decide on Dental



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

Freedom to see any dentist

Our Dental Choice plans give you the freedom to see any dentist you choose. Since there isn't a network, there is no need to check whether a dental provider is in-network.

Important terms to know when shopping for dental plans

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 waiting period: The amount of time members 19 and older will need to wait prior to receiving some dental services. Wait 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.

Go to [PacificSource.com/montana/individual-dental-2019](https://www.pacificsource.com/montana/individual-dental-2019) to get all the details.

Class I: Preventive Services

- Exams and X-rays
- Dental cleanings (prophylaxis or periodontal maintenance)
- 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 planning 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 Rates

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 Choice 0-20-50 1000		Dental Choice 0-20-50 1500		Kids Dental Choice 0-20-50 (coverage for members age 18 and under)	
AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM
0 to 18	\$39	0 to 18	\$39	0 to 18	\$36
19 to 20	\$39	19 to 20	\$39	19 to 20	-
21 to 24	\$39	21 to 24	\$44	21 to 24	-
25 to 29	\$41	25 to 29	\$46	25 to 29	-
30 to 34	\$45	30 to 34	\$51	30 to 34	-
35 to 39	\$48	35 to 39	\$54	35 to 39	-
40 to 44	\$53	40 to 44	\$60	40 to 44	-
45 to 49	\$57	45 to 49	\$64	45 to 49	-
50 to 54	\$59	50 to 54	\$66	50 to 54	-
55 to 59	\$61	55 to 59	\$68	55 to 59	-
60 to 64	\$63	60 to 64	\$71	60 to 64	-
65+	\$63	65+	\$71	65+	-

USE THIS CHART TO COMPARE OUR DENTAL PLANS

	Dental Choice 0-20-50 1000	Dental Choice 0-20-50 1500	Kids Dental Choice 0-20-50 (coverage for members age 18 and under)
	No Network	No Network	No Network
	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER
ANNUAL DEDUCTIBLE Individual / Family	\$50 / \$150	\$50 / \$150	\$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	\$350 / \$700	\$350 / \$700
	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:
CLASS I SERVICES	Covered in Full	Covered in Full	Covered in Full
	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
CLASS II SERVICES	20%	20%	20%
CLASS III SERVICES	50%	50%	50%
WAIT 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 a Coverage Advisor at (855) 330-2792 or by email at montanaindividual@pacificsource.com. Go to [PacificSource.com/find-an-individual-plan](https://www.pacificsource.com/find-an-individual-plan) for details or to see a plan's Summary of Benefits.