Ready to Enroll?

Enroll online

Go to PacificSource.com for Montana individual and family 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 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: coverageadvisors@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

2020 Dental Plans for Montana Individuals and Families
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

<table>
<thead>
<tr>
<th>Age</th>
<th>Family Premium</th>
<th>Age</th>
<th>Family Premium</th>
<th>Age</th>
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<tbody>
<tr>
<td>0 to 18</td>
<td>$38</td>
<td>0 to 18</td>
<td>$38</td>
<td>0 to 18</td>
<td>$35</td>
</tr>
<tr>
<td>19 to 20</td>
<td>$38</td>
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<td>$43</td>
<td>19 to 20</td>
<td>$-</td>
</tr>
<tr>
<td>21 to 24</td>
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<td>21 to 24</td>
<td>$43</td>
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<td>$-</td>
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<tr>
<td>25 to 29</td>
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<tr>
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<td>$49</td>
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<tr>
<td>35 to 39</td>
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<td>$53</td>
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<tr>
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<tr>
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<tr>
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<td>$69</td>
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</tr>
<tr>
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<td>$61</td>
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<td>$68</td>
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### USE THIS CHART TO COMPARE OUR DENTAL PLANS

<table>
<thead>
<tr>
<th>Dental Choice</th>
<th>Dental Choice</th>
<th>Dental Choice</th>
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<tbody>
<tr>
<td>0-20-50 1000</td>
<td>0-20-50 1500</td>
<td>0-20-50</td>
</tr>
<tr>
<td>ANY PROVIDER</td>
<td>ANY PROVIDER</td>
<td>ANY PROVIDER</td>
</tr>
<tr>
<td>Annual Deductible Individual/Family</td>
<td>$50/150</td>
<td>$50/150</td>
</tr>
<tr>
<td>Annual Maximum Benefit Per person, age 19 and older</td>
<td>$1,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and under</td>
<td>$350/700</td>
<td>$350/700</td>
</tr>
<tr>
<td>Class I Services</td>
<td>Covered in Full</td>
<td>Covered in Full</td>
</tr>
<tr>
<td>Class II Services</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Class III Services</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Exclusion Period Per person, age 19 and older</td>
<td>Class II: 6 months; Class III: 12 months</td>
<td>Class II: 6 months; Class III: 12 months</td>
</tr>
</tbody>
</table>

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.

## Freedom to see any dentist

Our Dental Choice plans give you the freedom to see any dentist you choose.

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

## What’s covered?

### 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 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)

**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.

**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.

**Dental Choice**

- **0-20-50 1000**
  - Annual Deductible: $50 / $150
  - Annual Maximum Benefit: $1,000
  - Pediatric Out-of-Pocket Maximum: $350 / $700
  - Class I Services: Covered in Full
  - Class II Services: 20%
  - Class III Services: 50%
  - Exclusion Period: Class II: 6 months; Class III: 12 months

- **0-20-50 1500**
  - Annual Deductible: $50 / $150
  - Annual Maximum Benefit: $1,500
  - Pediatric Out-of-Pocket Maximum: $350 / $700
  - Class I Services: Covered in Full
  - Class II Services: 20%
  - Class III Services: 50%
  - Exclusion Period: Class II: 6 months; Class III: 12 months

**Kids Dental Choice**

- **0-20-50**
  - Coverage for members age 18 and under

**Annual Deductible**: $50 / $150

**Annual Maximum Benefit**: Per person, age 19 and older

**Pediatric Out-of-Pocket Maximum**: Individual/Family, age 18 and under

**Class I Services**: Covered in Full

**Class II Services**: 20%

**Class III Services**: 50%

**Exclusion Period**: Per person, age 19 and older

**ANY PROVIDER**

**Annual Deductible Individual/Family**: $50/150

**Annual Maximum Benefit Per person, age 19 and older**: $1,000

**Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and under**: $350/700

**Class I Services**: Covered in Full

**Class II Services**: 20%

**Class III Services**: 50%

**Exclusion Period**: Per person, age 19 and older

**ANY PROVIDER**

**Annual Deductible Individual/Family**: $50/150

**Annual Maximum Benefit Per person, age 19 and older**: $1,500

**Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and under**: $350/700

**Class I Services**: Covered in Full

**Class II Services**: 20%

**Class III Services**: 50%

**Exclusion Period**: Per person, age 19 and older

**ANY PROVIDER**

**Annual Deductible Individual/Family**: $50/150

**Annual Maximum Benefit Per person, age 19 and older**: N/A

**Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and under**: $350/700

**Class I Services**: Covered in Full

**Class II Services**: 20%

**Class III Services**: 50%

**Exclusion Period**: Per person, age 19 and older

**ANY PROVIDER**

**Annual Deductible Individual/Family**: $50/150

**Annual Maximum Benefit Per person, age 19 and older**: N/A

**Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and under**: $350/700

**Class I Services**: Covered in Full

**Class II Services**: 20%

**Class III Services**: 50%

**Exclusion Period**: Per person, age 19 and older

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.