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.
Phone: (406) 422-1008 | (855) 422-1008
Email: montana.sales@pacificsource.com
PacificSource.com

2020 Dental Plans for Montana Small Groups | 1–50
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.

### Freedom to see any dentist

Our Dental Choice plans give your employees the option to see any dentist they want.

### Group size requirements

When grouped with a medical plan, all dental plans are available. The listed group size requirement applies when the dental plan is purchased as a standalone plan.

### 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.

Please note that there are additional guidelines and requirements for voluntary dental plans.

A downloadable brochure for voluntary dental options is available at PacificSource.com.

### 2020 Montana | Small Group Dental Plans

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Coverage</th>
<th>Annual Deductible</th>
<th>Annual Maximum Benefit</th>
<th>Exclusion Period</th>
<th>Cosmetic Orthodontia*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Choice Core</td>
<td>Includes Preventive Services only</td>
<td>$50 / $150</td>
<td>$1,000 or $1,500</td>
<td>Class II: 6 months</td>
<td>Optional; $1,000 Lifetime Max</td>
</tr>
<tr>
<td>Dental Choice Plus</td>
<td>All services</td>
<td>$50 / $150</td>
<td>$1,000 or $1,500</td>
<td>Class II: 6 months</td>
<td>Optional; $1,000 Lifetime Max</td>
</tr>
<tr>
<td>Kids Dental Choice</td>
<td>All services</td>
<td>$50 / $150</td>
<td>$1,000 or $1,500</td>
<td>Class II: 12 months</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### What’s covered?

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

#### Class I: Preventive Services

- **Furcals andフリーカルス**
  - Dental cleanings (prophylaxis or periodontal maintenance)
  - Fluoride applications
  - Sealant on bicuspids and permanent molars (kids through age 18 only)
  - Brush biopsy

#### Class II: Basic Services

- **Simple extractions**
- Periodontal scaling and root planing (periodontal maintenance)
- Full mouth debridement
- Filling
- Complications and surgery
- Endodontic surgery and root canal therapy
- Periodontal surgery

#### Class III: Major Services

- **Cosmetic Orthodontia**
  - Available based on group size with any dental plan purchased direct through PacificSource (except Core and Kids plans)
  - 16–50 enrolled employees: $1,000 lifetime max, 12-month exclusion period for adults age 19 and older; exclusion period reduced or eliminated with prior orthodontia coverage

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* Additional eligibility requirements may apply. This is a brief summary. For more details, contact us at montanasales@pacificsource.com or search Summary of Benefits at PacificSource.com.