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2022 Dental Plans for  
**Washington Individuals and Families**

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# Decide on Dental



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

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## Choose a Dental PPO Plan

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With a Dental PPO plan you'll have access to a robust network of more than 4,700 care access points in Washington. It's important that you see Dental PPO participating providers. Doing so maximizes your benefits and minimizes what you pay. Find dentists who accept the Dental PPO plan at [PacificSource.com](https://www.pacificsource.com).

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## Terms to know when shopping for dental plans

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**Network:** A group of dental providers you select from in order for the plan to pay at the in-network benefit level.

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

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

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

**Adult exclusion period:** The amount of time members 19 and older must wait before receiving certain dental services. Exclusion periods may be waived based on prior coverage.

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## What's covered?

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Plans are available in Clark, Pierce, Spokane, and Thurston counties through Washington Healthplanfinder and direct with PacificSource. Below is a brief list of services and treatments most commonly asked about.

Go to [PacificSource.com](https://www.pacificsource.com) 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 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

Family plans are available both through the exchange and direct from us. Kids Dental PPO is available only through the exchange. Rates are based on the age of each family member on the date 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 PPO 0-20-50 1000		Dental PPO 0-20-50 1500		Kids Dental PPO Available only through the exchange (coverage for members age 18 and under)	
AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM
0 to 18	\$44	0 to 18	\$44	0 to 18	\$44
19 to 20	\$63	19 to 20	\$71	19 to 20	-
21 to 24	\$63	21 to 24	\$71	21 to 24	-
25 to 29	\$63	25 to 29	\$71	25 to 29	-
30 to 34	\$63	30 to 34	\$71	30 to 34	-
35 to 39	\$63	35 to 39	\$71	35 to 39	-
40 to 44	\$63	40 to 44	\$71	40 to 44	-
45 to 49	\$63	45 to 49	\$71	45 to 49	-
50 to 54	\$63	50 to 54	\$71	50 to 54	-
55 to 59	\$63	55 to 59	\$71	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 PPO 0-20-50 1000		Dental PPO 0-20-50 1500		Kids Dental PPO* Available only through the exchange (coverage for members age 18 and under)	
	Dental PPO		Dental PPO		Dental PPO	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
<b>Annual Deductible</b> Individual / Family	N/A	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150
<b>Annual Maximum Benefit</b> Per person, age 19 and older	\$1,000		\$1,500		N/A	
<b>Pediatric Out-of-Pocket Maximum</b> Individual/Family, age 18 and under	\$375 / \$750	N/A	\$375 / \$750	N/A	\$375 / \$750	N/A
	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>
<b>Class I Services</b>	Covered in Full	20%	Covered in Full	20%	Covered in Full	20%
	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>AFTER DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>AFTER DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>AFTER DEDUCTIBLE, MEMBER PAYS:</b>
<b>Class II Services</b>	20%	20%	20%	20%	20%	20%
<b>Class III Services</b>	50%	50%	50%	50%	50%	50%
<b>Exclusion Period</b> Per person, age 19 and older	Class II: 6 months; Class III: 12 months		Class II: 6 months; Class III: 12 months		None	

\*May be purchased only during Open Enrollment or SEP. This is a brief summary. Contact a Coverage Advisor at **855-330-2792** or by email at [CoverageAdvisors@PacificSource.com](mailto:CoverageAdvisors@PacificSource.com). For more details, search individual and family plans at [PacificSource.com](http://PacificSource.com). Accessibility help: For assistance reading this table or the rest of the document, please call us at **888-977-9299, TTY 711 or 800-735-3260**.

# Ready to Enroll?

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## Enroll online

You can enroll directly with PacificSource by visiting our website: [PacificSource.com](https://PacificSource.com). Just look for the **Shop Plans** menu and choose **Dental**.



## Enroll by email, fax, or mail

Complete a paper enrollment form and send it to us:

**Email:** [Individual@PacificSource.com](mailto:Individual@PacificSource.com)

**Fax:** 541-225-3646

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

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## We're here to help.

For more information, contact a Coverage Advisor at **855-330-2792**  
or by email at [CoverageAdvisors@PacificSource.com](mailto:CoverageAdvisors@PacificSource.com).