



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 | (800) 688-5008

Idaho Falls: (208) 522-1360 | (800) 688-5008

Email: idahosales@pacificsource.com

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



2021 Dental Plans for **Idaho** Large Groups | 51+

LRG511_0720



2021 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. For more details, contact us at idahosales@pacificsource.com or search small group plans at PacificSource.com. Accessibility help: For assistance reading this chart or the rest of the document, please call us at (888) 977-9299. TTY: 711 or (800) 735-3260.

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 and **Choice Plus plans** give your employees the option to see any dentist they want. They're high-value options 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 and Oregon. In order to get the most value from your plan, it is important that your employees see Dental Advantage network dentists.

Find dentists who are in the Dental Advantage network 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.

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

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

What's covered?

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

Class I: Preventive Services

- Exams and X-rays
- Three dental cleanings (prophylaxis or periodontal maintenance) per plan year
- 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
- 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 wait period with some Voluntary Dental plans; wait period reduced or eliminated with prior orthodontia coverage