### 2022 Oregon Small Group Dental Plans

**Dental Choice**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Group Size Required for Standardized Rates</th>
<th>Out-of-Network</th>
<th>IN-Network</th>
<th>In-Network</th>
<th>After Deductible, Member Pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20-50-1000</td>
<td>No Network Needed</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>0-2050-1000</td>
<td>No Network Needed</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2050-1000</td>
<td>No Network Needed</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>0-20-50</td>
<td>Advantage Network</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>0-2050-1000</td>
<td>Advantage Network</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2050-1000</td>
<td>Advantage Network</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Dental Choice Plus**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Group Size Required for Standardized Rates</th>
<th>Out-of-Network</th>
<th>IN-Network</th>
<th>In-Network</th>
<th>After Deductible, Member Pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20-50-1000</td>
<td>No Network Needed</td>
<td>$1,000 Lifetime Max</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>0-2050-1000</td>
<td>No Network Needed</td>
<td>$1,000 Lifetime Max</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2050-1000</td>
<td>No Network Needed</td>
<td>$1,000 Lifetime Max</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>0-20-50</td>
<td>Advantage Network</td>
<td>$1,000 Lifetime Max</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>0-2050-1000</td>
<td>Advantage Network</td>
<td>$1,000 Lifetime Max</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2050-1000</td>
<td>Advantage Network</td>
<td>$1,000 Lifetime Max</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Dental Choice Plus**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Group Size Required for Standardized Rates</th>
<th>Out-of-Network</th>
<th>IN-Network</th>
<th>In-Network</th>
<th>After Deductible, Member Pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20-50-1000</td>
<td>No Network Needed</td>
<td>$500</td>
<td>$1,000 or $1,500</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>0-2050-1000</td>
<td>No Network Needed</td>
<td>$500</td>
<td>$1,000 or $1,500</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2050-1000</td>
<td>No Network Needed</td>
<td>$500</td>
<td>$1,000 or $1,500</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>0-20-50</td>
<td>Advantage Network</td>
<td>$500</td>
<td>$1,000 or $1,500</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>0-2050-1000</td>
<td>Advantage Network</td>
<td>$500</td>
<td>$1,000 or $1,500</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2050-1000</td>
<td>Advantage Network</td>
<td>$500</td>
<td>$1,000 or $1,500</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Dental Choice Plus**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Group Size Required for Standardized Rates</th>
<th>Out-of-Network</th>
<th>IN-Network</th>
<th>In-Network</th>
<th>After Deductible, Member Pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20-50-1000</td>
<td>No Network Needed</td>
<td>$375</td>
<td>$1,000 or $1,500</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>0-2050-1000</td>
<td>No Network Needed</td>
<td>$375</td>
<td>$1,000 or $1,500</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2050-1000</td>
<td>No Network Needed</td>
<td>$375</td>
<td>$1,000 or $1,500</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>0-20-50</td>
<td>Advantage Network</td>
<td>$375</td>
<td>$1,000 or $1,500</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>0-2050-1000</td>
<td>Advantage Network</td>
<td>$375</td>
<td>$1,000 or $1,500</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2050-1000</td>
<td>Advantage Network</td>
<td>$375</td>
<td>$1,000 or $1,500</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Dental Choice Plus**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Group Size Required for Standardized Rates</th>
<th>Out-of-Network</th>
<th>IN-Network</th>
<th>In-Network</th>
<th>After Deductible, Member Pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20-50-1000</td>
<td>No Network Needed</td>
<td>$50</td>
<td>$150</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>0-2050-1000</td>
<td>No Network Needed</td>
<td>$50</td>
<td>$150</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2050-1000</td>
<td>No Network Needed</td>
<td>$50</td>
<td>$150</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>0-20-50</td>
<td>Advantage Network</td>
<td>$50</td>
<td>$150</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>0-2050-1000</td>
<td>Advantage Network</td>
<td>$50</td>
<td>$150</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2050-1000</td>
<td>Advantage Network</td>
<td>$50</td>
<td>$150</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Plan names explained:**

- **Advantage**—PPO-style plans
- **Choice**—Indemnity plans
- **Plus**—No exclusions period

*Additional eligibility requirements may apply.*

**What’s covered?**

Here is a brief list of services and treatments most commonly selected. For more details, search Oregon small group plans at PacificSource.com. A downloadable brochure about voluntary dental options is available at [PacificSource.com](http://PacificSource.com).

### Dental Advantage

**Classes of Services**

- **Class I Services**
  - Preventive care
  - Humper care and medical treatment
  - Minor fillings
  - Sealants
  - Fluoride
  - X-rays
  - Orthodontic treatment

- **Class II Services**
  - Root canals
  - Extractions
  - Cleaning
  - Fillings
  - Root canals
  - Extractions

- **Class III Services**
  - Crowns and bridges
  - Implants
  - Braces

**Cosmetic Orthodontia**

- Available based on group size with any dental plan purchased direct through PacificSource dental care and kids plans.

**PPO-style plans**

- Highest coverage, highest cost

**Indemnity plans**

- Lowest coverage, lowest cost

**What’s covered?**

- Preventive care
- Humper care and medical treatment
- Minor fillings
- Sealants
- Fluoride
- X-rays
- Orthodontic treatment

**Exclusions**

- Periodontal disease
- Gum disease
- Gingivitis
- Osteosynthesis
- Soft tissue grafts
- Soft tissue biopsies
- Complicated oral surgery
- Full mouth debridement
- Oral surgery
- Complicated oral surgery
- Full mouth debridement
- Oral surgery

**Out-of-Pocket Maximum**

- 0-20-50
- 25-1500
- 50-1500

**Exclusion Period**

- Class I: Preventive Services
  - 0-20-50: No
  - 25-1500: None
  - 50-1500: None

- Class II: Basic Services
  - 0-20-50: No
  - 25-1500: None
  - 50-1500: None

- Class III: Major Services
  - 0-20-50: None
  - 25-1500: None
  - 50-1500: None

**Randall’s Dental Advantage plans**

- Medicaid
- Medicare
- Children’s Health Insurance Program
- Oregon Health Plan

**Dental Advantage plans**

- PPO-style plans
- Indemnity plans

**Dental Choice**

- Optional; $1,000 Lifetime Max
- 20% (age 19+)

**Dental Choice Plus**

- Optional; $1,000 Lifetime Max
- N/A
- 20% (age 19+)

**Dental Advantage**

- Optional; $1,000 Lifetime Max
- 50% (age 19+)

**Per person, age 19 and older**

- Preventive care
- Humper care and medical treatment
- Minor fillings
- Sealants
- Fluoride
- X-rays
- Orthodontic treatment

**Per person, age 18 and under**

- Preventive care
- Humper care and medical treatment
- Minor fillings
- Sealants
- Fluoride
- X-rays
- Orthodontic treatment

**For assistance reading this table or the rest of the document, please call us at 1-800-977-6209, TTY 711 or 800-735-3260.**

**Plan names explained:**

- **Advantage**—PPO-style plans
- **Choice**—Indemnity plans
- **Plus**—No exclusions period

*Additional eligibility requirements may apply.*
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:** 888-492-2875

**Portland:** PortlandSales@PacificSource.com
**Bend:** BendSales@PacificSource.com
**Springfield:** SpringfieldSales@PacificSource.com
**Medford:** MedfordSales@PacificSource.com

PacificSource.com