



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: montanasales@pacificsource.com

PacificSource.com



2021 Dental Plans for
Montana Small Groups | 1–50





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.

Freedom to see any dentist

Our **Dental Choice** plans give your employees the option to see any dentist they want. They are high-value options for employees who place a priority on choice.

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**.



2021 Montana | Small Group Dental Plans

	Dental Choice Core	Dental Choice 0-20-50 750	Dental Choice 0-20-50 1000 or 0-20-50 1500	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	Kids Dental Choice 0-20-50 or 20-40-50 <small>(coverage for members age 18 and under)</small>
	No Network Needed	No Network Needed	No Network Needed	No Network Needed	No Network Needed	No Network Needed
Group Size Required for Standalone Policy	1+	1+	1+	1+	1+	1+
	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER
Annual Deductible <small>Individual / Family</small>	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$25 / \$75	\$50 / \$150	\$50 / \$150
Annual Maximum Benefit <small>Per person, age 19 and older</small>	\$500 on Class II services	\$750	\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500	N/A
Pediatric Out-of-Pocket Maximum <small>Individual/Family, age 18 and under</small>	\$350 / \$700	\$350 / \$700	\$350 / \$700	\$350 / \$700	\$350 / \$700	\$350 / \$700
	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	Covered in Full	Covered in Full	Covered in Full	Covered in Full or 20%
	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Class II Services	20%	20%	20%	20%	20%	20% or 40%
Class III Services	50% (age 19+ not covered)	50%	50%	50%	50%	50%
Exclusion Period <small>Per person, age 19 and older</small>	Class II: 6 months	Class II: 6 months; Class III 12 months	Class III: 12 months	None	None	None
Cosmetic Orthodontia*	N/A	Optional; \$1,000 Lifetime Max	Optional; \$1,000 Lifetime Max	Optional; \$1,000 Lifetime Max	Optional; \$1,000 Lifetime Max	N/A

Plan names explained: **Choice**—Indemnity plans | **Plus**—No exclusion periods

*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**.
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.

What’s covered?

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

Class I: Preventive Services

- Exams and X-rays
- Dental cleanings (prophylaxis or periodontal maintenance)
- Fluoride applications
- Sealant on bicuspid 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
- Child orthodontia (medically necessary only; all plans; kids through age 18)

Cosmetic Orthodontia*

- Available based on group size with any dental plan purchased direct through PacificSource (except Core, and Kids plans)
- 26–50 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