



# 2025 Dental Plans

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Montana Large Groups | 51+

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# Dental plans to support your whole health



Your choice: pair our dental plans with the health plans you offer your employees, or select dental-only.

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## Freedom to see any dentist

Our **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.

## 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 our Voluntary Dental option, your employees pay the full premium as if they were buying their own dental plan, but they get benefits that typically come with a group plan.

Voluntary Dental is available with our non-Plus plans to groups with 10 or more enrolled employees. Additional guidelines and requirements apply.

## What's covered?

Here is a brief list of services and treatments most commonly asked about. For more details, search Montana large group plans at [PacificSource.com](https://www.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, including composite
- 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 exclusion period with some Voluntary Dental plans; exclusion period reduced or eliminated with prior orthodontia coverage

## 2025 Montana | Large Group Dental Plans

### VOLUNTARY DENTAL ONLY

	<b>Dental Choice Plus</b> 0-20-50 25-1000 or 0-20-50 25-1500 or 0-20-50 25-2000	<b>Dental Choice Plus</b> 0-20-50 50-1000 or 0-20-50 50-1500 or 0-20-50 50-2000	<b>Dental Choice</b> 0-20-50 25-1500	<b>Dental Choice</b> 0-20-50 50-1000 0-20-50 50-1500 0-20-50 50-2000
	<b>No Network</b>	<b>No Network</b>	<b>No Network</b>	<b>No Network</b>
	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER
<b>Annual Deductible</b> Individual / Family	\$25 / \$75	\$50 / \$150	\$25 / \$75	\$50 / \$150
<b>Annual Maximum Benefit</b> Per person	\$1,000 or \$1,500 or \$2,000	\$1,000 or \$1,500 or \$2,000	\$1,500	\$1,000 or \$1,500 or \$2,000
	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:
<b>Class I Services</b>	Covered in full	Covered in full	Covered in full	Covered in full
	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
<b>Class II Services</b>	20%	20%	20%	20%
<b>Class III Services</b>	50%	50%	50%	50%
<b>Exclusion Period</b> Per person	None	None	Class III: 12 months	Class III: 12 months
<b>Cosmetic Orthodontia*</b>	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:** **Dental 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](mailto:MontanaSales@PacificSource.com) or search group plans at [PacificSource.com](https://PacificSource.com).

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## **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:** 877-722-7728

**TTY:** 711. We accept all relay calls.

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

[PacificSource.com](http://PacificSource.com)

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