

Ready to Enroll?

Enroll online

Go to **PacificSource.com** for Montana individual plan details.

First, compare plans and rates. Then see the on-screen instructions to complete and submit your enrollment application.

If you're eligible for financial assistance, you'll need to enroll through the Health Insurance Marketplace. Visit [Healthcare.gov](https://www.healthcare.gov) to find out if you're eligible.

Enroll by email, fax, or mail

Complete a paper enrollment form and submit it to us at:

Email: individual@pacificsource.com

Fax: (541) 225-3646

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

We're here to help.

For more information, contact a Coverage Advisor at **(855) 330-2792**
or by email at coverageadvisors@pacificsource.com.



2021 Dental Plans for **Montana** Individuals and Families

Decide on Dental



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

Freedom to see any dentist

Our **Dental Choice plans** give you the freedom to see any dentist you choose.

Important terms to know when shopping for dental plans

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

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

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

Adult exclusion period: The amount of time members 19 and older will need to wait prior to receiving some dental services. Exclusion periods may be waived based on prior credible coverage.

What's covered?

Plans are available statewide through the Health Insurance Marketplace and direct with PacificSource. Below is a brief list of services and treatments most commonly asked about.

Go to **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

Plans are available statewide through the Health Insurance Marketplace and direct with PacificSource. Rates are based on the age of each family member on the date that 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 Choice 0-20-50 1000		Dental Choice 0-20-50 1500		Kids Dental Choice 0-20-50 (coverage for members age 18 and under)	
AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM
0 to 18	\$39	0 to 18	\$39	0 to 18	\$36
19 to 20	\$39	19 to 20	\$44	19 to 20	-
21 to 24	\$39	21 to 24	\$44	21 to 24	-
25 to 29	\$41	25 to 29	\$46	25 to 29	-
30 to 34	\$45	30 to 34	\$51	30 to 34	-
35 to 39	\$48	35 to 39	\$54	35 to 39	-
40 to 44	\$53	40 to 44	\$60	40 to 44	-
45 to 49	\$56	45 to 49	\$63	45 to 49	-
50 to 54	\$58	50 to 54	\$66	50 to 54	-
55 to 59	\$60	55 to 59	\$68	55 to 59	-
60 to 64	\$63	60 to 64	\$70	60 to 64	-
65+	\$63	65+	\$70	65+	-

USE THIS CHART TO COMPARE OUR DENTAL PLANS

	Dental Choice 0-20-50 1000	Dental Choice 0-20-50 1500	Kids Dental Choice 0-20-50 (coverage for members age 18 and under)
	No Network Needed	No Network Needed	No Network Needed
	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER
Annual Deductible Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Maximum Benefit Per person, age 19 and older	\$1,000	\$1,500	N/A
Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and under	\$350 / \$700	\$350 / \$700	\$350 / \$700
	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:
Class I Services	Covered in Full	Covered in Full	Covered in Full
	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Class II Services	20%	20%	20%
Class III Services	50%	50%	50%
Exclusion Period Per person, age 19 and older	Class II: 6 months; Class III: 12 months	Class II: 6 months; Class III: 12 months	None

This is a brief summary. Contact a Coverage Advisor at (855) 330-2792 or by email at coverageadvisors@pacificsource.com. For more details, search individual and family 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.