

This dental care plan covers the following services when performed by a licensed dentist, dental hygienist, or denturist to the extent that they are operating within the scope of their license as required under law in the state of issuance, and when determined to be necessary, usual, and customary by the standards of generally accepted dental practice for the prevention or treatment of oral disease or for accidental injury, including masticatory function (chewing of food).

In-network dentists contract with PacificSource to furnish dental services and supplies for a set fee. That fee is called the contracted allowable fee. In-network providers agree not to collect more than the contracted allowable fee.

When you use an in-network provider, you will pay only the in-network provider amounts below. If you choose not to use an in-network provider, or don't have access to one, reimbursement is based on the contracted allowable fee. If charges exceed the allowable fee, the excess charges are your responsibility.

This plan covers dental services for enrolled individuals age 18 and younger, as required under the Affordable Care Act. Coverage for pediatric services will end on the last day of the month in which the enrolled individual turns 19.

Deductible Per Calendar Year	In-network	Out-of-network
Individual/Family	None/None	\$50 / \$150
Out-of-Pocket Limit Per Calendar Year		
\$350 per person / \$700 for two or more people for enrolled individuals age 18 and younger.		
Note: Out-of-network providers can bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company. Out-of-network charges do not count towards your out-of-pocket limit.		
Exclusion Period	Class II Services	Class III Services
Number of Consecutive Months	None	None

The member is responsible for any amounts shown above, in addition to the following amounts:

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Class I Services (Covered for enrolled individuals age 18 and younger.)		
Examinations	No deductible, 0%	No deductible, 20%
Bitewing films, full mouth x-rays, cone beam x-rays, and/or panorex	No deductible, 0%	No deductible, 20%
Dental cleaning (prophylaxis and periodontal maintenance)	No deductible, 0%	No deductible, 20%
Fluoride (topical or varnish applications)	No deductible, 0%	No deductible, 20%
Sealants	No deductible, 0%	No deductible, 20%
Space maintainers	No deductible, 0%	No deductible, 20%

Athletic mouth guards	No deductible, 0%	No deductible, 20%
Brush biopsies	No deductible, 0%	No deductible, 20%
Class II Services (Covered for enrolled individuals age 18 and younger.)		
Fillings	No deductible, 20%	After deductible, 20%
Simple extractions	No deductible, 20%	After deductible, 20%
Periodontal scaling and root planing	No deductible, 20%	After deductible, 20%
Full mouth debridement	No deductible, 20%	After deductible, 20%
Complicated oral surgery	No deductible, 20%	After deductible, 20%
Pulp capping	No deductible, 20%	After deductible, 20%
Pulpotomy	No deductible, 20%	After deductible, 20%
Root canal therapy	No deductible, 20%	After deductible, 20%
Periodontal surgery	No deductible, 20%	After deductible, 20%
Tooth desensitization	No deductible, 20%	After deductible, 20%
Class III Services (Covered for enrolled individuals age 18 and younger.)		
Crowns	No deductible, 50%	After deductible, 50%
Dentures	No deductible, 50%	After deductible, 50%
Bridges	No deductible, 50%	After deductible, 50%
Replacement of existing prosthetic device	No deductible, 50%	After deductible, 50%
Implants	No deductible, 50%	After deductible, 50%
Orthodontia for medically necessary reasons for enrolled individuals age 18 and younger	No deductible, 50%	After deductible, 50%
Miscellaneous		
Emergency office visit	No deductible, 50%	After deductible, 50%

This is a brief summary of benefits. Refer to your member handbook for additional information or a further explanation of benefits, limitations, and exclusions.

Additional information

What is the deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that some services are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, the individual deductible applies for each member only until the family deductible has been met.

Deductible expense applies only to out-of-network providers. Deductible does not apply to Class I Services.

What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for approved dental expenses during the calendar year and applies to enrolled individuals age 18 and younger on your plan. Once the out-of-pocket limit has been met, the plan will pay 100 percent of allowed amounts for covered services for the rest of that year. Non-essential health benefits, penalties, and balance billed amounts over the allowable fee do not accumulate toward the out-of-pocket limit.

Only in-network expense applies to the out-of-pocket limit. Services provided by out-of-network providers do not accumulate toward the out-of-pocket limit.

What is an exclusion period?

A member must be enrolled under the dental plan for the period of time stated above before this plan pays benefits. This exclusion period does not apply to persons insured under this plan on the plan's original effective date if the person was continuously covered under a predecessor plan of the employer, or for enrolled individuals age 18 and younger.

Predetermination

Coverage of certain dental services and surgical procedures are by review. When a planned dental service exceeds \$300, PacificSource recommends a predetermination to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. Predeterminations are not a guarantee of payment, and do not change your out-of-pocket expense.