

## Benefit Exclusions

The following is a partial list of services excluded from coverage. Please refer to your policy for a complete list.

- Orthodontic services
- Aesthetic dental procedures
- Cosmetic/reconstructive services and supplies
- Temporomandibular Joint (TMJ)
- Athletic mouth guards
- Third party liability, motor vehicle liability, motor vehicle insurance coverage, workers' compensation:
  - Any services or supplies for illness or injury for which a third party is responsible, or which are payable by such third party
  - Any services or supplies for illness or injury which are payable pursuant to applicable workers' compensation laws, motor vehicle liability, uninsured motorist, underinsured motorist, and personal injury protection insurance and any other liability and voluntary medical payment insurance to the extent of any recovery received from or on behalf of such sources

## Find a Dentist

To find a dentist in our online provider directory, visit [PacificSource.com](http://PacificSource.com) and click the Find a Provider link at the top of any page. If your current dental provider is not part of the Advantage Dental Network, we encourage you to nominate him or her by completing a nomination form. This form is available at [PacificSource.com](http://PacificSource.com) under Find a Provider.

## Ready to apply? Visit us online!

Visit our website at [PacificSource.com](http://PacificSource.com) to apply for a PacificSource dental plan today.

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

## Interested in medical coverage?

**PacificSource offers medical coverage you can combine with your Elect dental plan. Ask your insurance agent about PacificSource Elect Plans.**

### Questions?

**If you have questions about our individual and family plans, please contact your insurance agent or a PacificSource Individual Service Representative at 866.695.8684 or by email at [individual@pacificsource.com](mailto:individual@pacificsource.com).**



PacificSource Health Plans is an independent, not-for-profit company based in Springfield, Oregon, with local offices throughout Oregon and Idaho. Founded in 1933, we put our decades of experience to work providing our customers with affordable coverage and the best possible service. PacificSource covers more than 290,000 people with its group and individual health insurance plans. For more information, visit our Web site, [PacificSource.com](http://PacificSource.com).

# Elect Dental

## Affordable, Basic Dental Coverage for Individuals and Families in Oregon



# Elect Dental

## Plan and Provider Network Highlights

Elect Dental coverage features quality benefits covering your family's needs, savings through low out-of-pocket expense, and quality care from Advantage Dental Network dentists:

- **Diagnostic and preventive care services fully covered.** Routine examinations, cleanings, x-rays, sealants, and space maintainers are covered at 100 percent when you receive these services from an Advantage Dental Network dentist.
- **Save out-of-pocket expense.** Your deductible is zero when you see an Advantage Dental Network dentist.
- **Your annual maximum benefit grows** over three years. You will have a \$750 annual maximum the first year, \$1,000 the second year, and \$1,250 the third year and after.
- **The Advantage Dental Network** includes dentists throughout Oregon. Advantage Dental Network and their contracted network dentists encourage preventive care services to help you maintain your dental health and avoid severe problems.
- **Out-of-network provider coverage.** You may choose to see an out-of-network dentist (a dentist who is not a member of the Advantage Dental Network). Deductibles apply, and we cover these services based on Advantage Dental usual, customary, and reasonable charges.



Elect Dental	
Annual Maximum Benefit	\$750 the first year; \$1,000 the second year; \$1,250 the third year and after
Annual Deductible: In-network Provider Out-of-network Provider	Deductible (individual/family) per calendar year: None \$50/\$150 (Applies to Class I, II, and Class III Services for out-of-network dentists.)

		In-Network	Out-of-Network
<b>Class I: Diagnostic and Preventive Care</b> (no waiting period)			
Routine Examinations and Dental Cleanings	2 per calendar year	100%	100% after deductible
Full Mouth X-rays and/or Panorex	1 complete mouth series every 5 years		
Bitewing X-rays	4 films in a 6-month period		
<b>Class II: Basic Services</b> (6-month waiting period for Class II services; prior coverage is creditable)			
Periodontal Scaling and Root Planing and/or Curettage	1 procedure every 3 years per quadrant	80%	80% after deductible
Fillings	1 per surface per tooth every 5 years; reduced to amalgam restoration		
Simple Extractions	Covered		
<b>Class III: Major Treatments</b> (12-month waiting period for Class III services; prior coverage is creditable)			
Crowns	1 per tooth every 10 years	50%	50% after deductible
Root Canal Therapy	1 per tooth every 5 years		
Oral or Periodontal Surgery	Covered; requires preauthorization		
Prosthetic Devices (Bridges)	Replaced after 10 years		
Dental Implant	Limited to once per lifetime per tooth space. Final crown and implant abutment over a single implant. Final implant-supported bridge abutment and implant abutment, or pontic. Alternate benefit per arch of conventional full/partial denture for final implant-supported full/partial denture prosthetic device.		
<b>Policy Provision</b>			
Missing Teeth	A 36-month waiting period applies to treatment for teeth extracted prior to the policy effective date. Prior coverage is creditable.		

Please refer to your policy for further explanation of benefits, including limitations and exclusions.

Rates													
Age:	0-17	18-20	21-24	25-30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	
<b>Individual</b>	\$36.00	\$36.00	\$40.00	\$40.00	\$40.00	\$45.00	\$45.00	\$51.00	\$51.00	\$51.00	\$51.00	\$55.00	
<b>Individual + Spouse</b>	\$76.00	\$76.00	\$81.00	\$81.00	\$81.00	\$91.00	\$91.00	\$100.00	\$100.00	\$100.00	\$100.00	\$109.00	
<b>Individual + Family</b>	\$114.00	\$114.00	\$120.00	\$120.00	\$120.00	\$136.00	\$136.00	\$149.00	\$149.00	\$149.00	\$149.00	\$160.00	
<b>Individual + Children</b>	\$73.00	\$73.00	\$80.00	\$80.00	\$80.00	\$91.00	\$91.00	\$98.00	\$98.00	\$98.00	\$98.00	\$107.00	

We review our rates periodically. If a rate adjustment is needed, we will notify you 30 days in advance.