

# Dental Plans Complete Your Benefits Package

## PacificSource Group Dental Plans



### How Our Dental Plans Work

PacificSource offers a number of dental plan designs to Northwest businesses and certain other organizations with two or more full-time enrolled employees. State insurance laws regulate what types of organizations qualify as a “group” for insurance purposes. To find out if your organization meets these requirements, contact PacificSource or ask your insurance agent.

We now offer two dental product lines: Indemnity (Preventive and Comprehensive plans) and PPO (Dental Advantage and Dental Advantage Premier).

#### Our Dental Products: PPO vs. Indemnity

PPO products offer members lower out-of-pocket costs on covered services performed by participating Advantage Dental providers, as well as no deductible for in-network services. We offer two PPO plan types: Advantage and Advantage Premier. With Advantage plan designs, a waiting period applies to Class II Complicated and Class III services; Advantage Premier has no waiting periods.

Plans that fall under our Indemnity product line give members the freedom to choose a dentist outside of the Advantage Dental network with no difference in deductible. Our Indemnity plans, Comprehensive and Preventive, have no waiting periods. With Comprehensive plans, all services are subject to a plan year deductible; with Preventive plans, only Class II and III services are subject to a plan year deductible.

Please see the chart inside for deductibles, annual maximums, coinsurance, and coverage information.

#### The Advantage Dental Network

All PacificSource dental members, regardless of their plan design, have the benefit of no balance billing on most covered services when they see an Advantage dentist. This means they will pay their plan's deductible and/or coinsurance amount and will usually not be responsible for any excess charges for covered services.

**Questions? For more information about PacificSource dental coverage, or to receive a quote, contact your PacificSource Sales Representative.**

If a member chooses not to use Advantage member dentists, or doesn't have access to them, reimbursement will be based on usual, customary, and reasonable (UCR) charges. The member may be balance billed for charges above the allowed amounts.

The Advantage Dental network includes more than 950 dentists in Oregon, Idaho, and Washington. Members can search for contracted Advantage dentists using the Find a Provider link at PacificSource.com.

continued inside



# Group Dental Plans

| Dental Indemnity  | Comprehensive   | Preventive   |
|---|---|--|
| General product description:  | Freedom to choose your dentist. All services subject to a calendar year deductible. No waiting periods apply. | Freedom to choose your dentist. Class II and III services subject to a calendar year deductible. No waiting periods apply. |
| Deductible, calendar year (individual/family):                                | \$25/\$75 or \$50/\$150   | \$25/\$75 or \$50/\$150  |
| Maximum benefit, calendar year:   | \$1,000 or \$1,500  | \$1,000 or \$1,500   |
| Coinsurance   | 80/80/50  | 100/80/50  |
| Covered Services  | Plan Pays   |  |
| <b>Class I: Diagnostic and Preventive Care</b>                                |   |  |
| Examinations and x-rays   | 80% after deductible  | 100%   |
| Prophylaxis (cleaning) or periodontal maintenance procedures                  | 80% after deductible  | 100%   |
| Fluoride applications and sealant on bicuspid and permanent molars (children) | 80% after deductible  | 100%   |
| <b>Class II: Basic Services</b>   |   |  |
| Oral Surgery - extractions and other minor surgical procedures                | 80% after deductible  | 80% after deductible   |
| Restorative - amalgam and composite fillings                                  | 80% after deductible  | 80% after deductible   |
| Endodontic - pulpal therapy and composite fillings                            | 80% after deductible  | 80% after deductible   |
| Periodontic scaling, and root planing or curettage                            | 80% after deductible  | 80% after deductible   |
| Periodontic surgery when preauthorized  | 80% after deductible  | 80% after deductible   |
| <b>Class III: Major Treatments</b>  |   |  |
| Crowns and other restorations when necessary                                  | 50% after deductible  | 50% after deductible   |
| Prosthetics - bridges and dentures  | 50% after deductible  | 50% after deductible   |
| Implant - surgical placement and removal                                      | 50% after deductible  | 50% after deductible   |
| <b>Policy Provision</b>   |   |  |
| Missing Teeth   | Three year missing tooth clause: prior coverage is credited.  | Three year missing tooth clause: prior coverage is credited.   |

*This is an overview of our group dental plan designs. The benefit information in this brochure is a summary designed for comparative purposes. For specific information on plan benefits, exclusions, and limitations, please refer to a proposal, contract, or Member Benefit Handbook.*

## Dental PPO

### Advantage

### Advantage Premier

|  |  |   |
|--|--|---|
| General product description:               | Lower out of pockets costs and no deductible applies to services performed by a contracted dentist. Waiting period applies to Class II Complicated and Class III services. | Lower out of pockets costs and no deductible applies to services performed by a contracted dentist. No waiting periods apply. |
| Deductible, plan year (individual/family): | Contracted dentist: \$0<br>Non-contracted dentist: \$25/\$75 or \$50/\$150   | Contracted dentist: \$0<br>Non-contracted dentist: \$25/\$75 or \$50/\$150  |
| Maximum benefit, plan year:                | \$1,000, \$1,500 or \$2,000  | \$1,000, \$1,500 or \$2,000   |
| Coinsurance                                | 100/80-50/50 or 80/80-50/50  | 100/80-80/50 or 80/80-80/50   |

## Covered Services

### Plan Pays

#### Class I: Diagnostic and Preventive Care

|   |             |             |
|---|-------------|-------------|
| Examinations and x-rays   | 100% or 80% | 100% or 80% |
| Prophylaxis (cleaning) or periodontal maintenance procedures                  | 100% or 80% | 100% or 80% |
| Fluoride applications and sealant on bicuspid and permanent molars (children) | 100% or 80% | 100% or 80% |
| Athletic mouth guards - one per lifetime through age 17                       | 100% or 80% | 100% or 80% |
| Brush biopsies  | 100% or 80% | 100% or 80% |

#### Class II: Restorative Services

|   |     |     |
|---|-----|-----|
| Oral Surgery - simple extractions and other minor surgical procedures | 80% | 80% |
| Restorative - amalgam and composite fillings                          | 80% | 80% |
| Periodontic scaling, and root planing or curettage                    | 80% | 80% |

#### Class II: Complicated Services

|   |     |     |
|---|-----|-----|
| Oral Surgery - complicated extractions when preauthorized | 50% | 80% |
| Endodontic - pulpal therapy and root canal therapy        | 50% | 80% |
| Periodontic surgery when preauthorized                    | 50% | 80% |
| Adjunctive - tooth desensitization when preauthorized     | 50% | 80% |

#### Class III: Major Treatments

|  |     |     |
|--|-----|-----|
| Crowns and other restorations when necessary | 50% | 50% |
| Prostodontics - bridges and dentures         | 50% | 50% |
| Implant - surgical placement and removal     | 50% | 50% |

#### Policy Provision

|               |   |   |
|---------------|---|---|
| Missing Teeth | Missing teeth prior to effective date are not covered even with prior coverage. | Three-year missing tooth clause applies; prior coverage will be credited. |
|---------------|---|---|

## Underwriting Guidelines

Stand-alone dental coverage (without accompanying PacificSource medical coverage) is available as follows:

Groups with 2 to 9 enrolled employees may purchase a Dental Advantage plan with:

- Deductible: \$50/\$150
- Coinsurance: 100/80/50/50 or 80/80/50/50
- Annual maximum: \$1,000 or \$1,500

Groups with 10 or more enrolled employees may choose any of our dental plan options on a stand-alone basis.

### Participation Requirements

- All size groups: 75%, regardless of employer contribution, reason for waiving, or medical coverage waivers.

### Employer Contribution Requirements

- Groups with 2 to 25 employees: 50% employee/0% dependent.
- Groups with 26 to 50 employees: 75% employee/0% dependent or 50% employee/50% dependent.
- Groups with 51+ employees: 75% employee/0% dependent or 50% employee/50% dependent.
- The minimum contribution requirement for groups that are designated as "large groups" (because the majority of their employees work out of state) who have less than 50 employees is 75% employee/0% dependent or 50% employee/50% dependent.

### Open Enrollment Policy

- An employee or dependent that did not enroll within the 31-day initial enrollment period may enroll later on the policy's anniversary date (renewal).
- An employee or dependent who enrolled and later discontinued coverage may re-enroll in the plan on the anniversary date of the policy following a 24-month waiting period from the date coverage was discontinued.

## Orthodontia Coverage

Groups of 26 or more enrolled employees may purchase orthodontia coverage with any PacificSource dental policy. This coverage pays 50 percent of the dentist's charge for orthodontics up to a \$1,000 per person lifetime maximum. The six-month waiting period is waived for groups of 51 or more covered employees, and groups transferring from another carrier's orthodontia coverage to PacificSource.

## About Us

PacificSource Health Plans is an independent, not-for-profit community health plan serving the Northwest. PacificSource is based in Eugene, Oregon, with local offices throughout Oregon, as well as in Idaho and Montana. Since 1933, we've provided quality health insurance solutions to Northwest businesses and individuals. Our decades of experience enable us to provide our customers with innovative, personalized coverage and the best possible service.

## The PacificSource Brand Promise

At PacificSource, we're known for taking good care of people. Our members can call our toll-free number to speak with a customer service representative for friendly, professional assistance. Our average on-hold time is less than 20 seconds, and our phone system puts callers in touch with a live person. For added convenience, members can access personalized benefit and claim information through our secure, user-friendly website.

In everything we do, we will always maintain the friendly, personal manner that lets you know serving you is our pleasure.

*If you need more information about our dental plans, or any of our products or services, please contact us.*



**Bend:** 541.330.8896 • 888.877.7996  
**Eugene:** 541.686.1242 • 800.624.6052  
**Medford:** 541.858.0381 • 800.899.5866  
**Portland:** 503.699.6561 • 866.540.1191

**PacificSource.com**