

This outline of coverage provides a very brief description of important policy features. Please note this outline is not intended to be part of the insurance contract. Only the actual policy provisions are final and binding. The policy details your rights and obligations, as well as those of PacificSource.

Please read your policy carefully.

This dental care policy 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 Montana law, 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).

Estimated Periodic Premium: _____

Trend Data

PacificSource bases individual premiums on data accumulated from the Montana individual line of business blended with a rate manual consisting of similar business from other states. Certain factors such as demographics are incorporated into the rating process. PacificSource bases trend projections on our entire commercial dental book of business. The individual premium increases since PacificSource introduced individual dental policies in Montana on January 1, 2014 were 2018 6.5%, 2017 0%, 2016 1.0%, and 2015 7.1%.

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	All Providers	
Individual/Family	\$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.		
Exclusion Period	Class II Services	Class III Services
Number of Consecutive Months	None	None

The member is responsible for the above deductible and the following amounts:

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

Service/Supply	All Providers Member Pays
Sealants	No deductible, 0%
Space maintainers	No deductible, 0%
Athletic mouth guards	No deductible, 0%
Brush biopsies	No deductible, 0%
Class II Services (Covered for enrolled individuals age 18 and younger.)	
Fillings	After deductible, 20%
Simple extractions	After deductible, 20%
Periodontal scaling and root planing	After deductible, 20%
Full mouth debridement	After deductible, 20%
Class III Services (Covered for enrolled individuals age 18 and younger.)	
Complicated oral surgery	After deductible, 50%
Pulp capping	After deductible, 50%
Pulpotomy	After deductible, 50%
Root canal therapy	After deductible, 50%
Periodontal surgery	After deductible, 50%
Tooth desensitization	After deductible, 50%
Crowns	After deductible, 50%
Dentures	After deductible, 50%
Bridges	After deductible, 50%
Replacement of existing prosthetic device	After deductible, 50%
Implants	After deductible, 50%
Orthodontia for medically necessary reasons for enrolled individual's age 18 and younger	After deductible, 50%

This is a brief summary of benefits. Refer to your policy 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.

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 policy. Once the out-of-pocket limit has been met, the plan will pay 100 percent of covered charges for the rest of that year. Non-essential health benefits, penalties, and balance billed amounts over the usual, customary, and reasonable fee do not accumulate toward the out-of-pocket limit.

What is an exclusion period?

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

Predetermination

Coverage of certain dental services and surgical procedures are by review. When a planned dental services 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.

The Patient's right to know the costs of dental procedures.

The insured, or the insured's agent, may request an estimate of the member's portion of provider charges for any service or course of treatment that exceeds \$500. PacificSource shall make a good faith effort to provide accurate information based on cost estimates and procedure codes obtained by the insured from the insured's healthcare provider. The estimate may be provided in writing or electronically. It is not a binding contract between PacificSource and the member, and is not a guarantee that the estimated amount will be the charged amount, or that it will include charges for unforeseen conditions.