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## Ready to Enroll?

### Enroll online

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

First, compare rates and apply online. 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:** [coverageadvisors@pacificsource.com](mailto:coverageadvisors@pacificsource.com)

**Fax:** (541) 225-3646

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

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### We're here to help.

For more information, contact a Coverage Advisor at **(855) 330-2792**  
or at **[coverageadvisors@pacificsource.com](mailto:coverageadvisors@pacificsource.com)**

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## 2020 Dental Plans for **Montana** Individuals and Families

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# Decide on Dental

Good dental health can lead to better overall health. You can pair 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 can 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.

### Class I: Preventive Services

- Exams and X-rays
- Dental cleanings (prophylaxis or periodontal maintenance)
- Fluoride applications
- Sealant on bicuspid 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 <small>(coverage for members age 18 and under)</small>	
	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM
	0 to 18	\$38	0 to 18	\$38	0 to 18	\$35
	19 to 20	\$38	19 to 20	\$43	19 to 20	-
	21 to 24	\$38	21 to 24	\$43	21 to 24	-
	25 to 29	\$40	25 to 29	\$45	25 to 29	-
	30 to 34	\$44	30 to 34	\$49	30 to 34	-
	35 to 39	\$47	35 to 39	\$53	35 to 39	-
	40 to 44	\$52	40 to 44	\$58	40 to 44	-
	45 to 49	\$55	45 to 49	\$62	45 to 49	-
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 <small>(coverage for members age 18 and under)</small>	
	No Network Needed		No Network Needed		No Network Needed	
	ANY PROVIDER		ANY PROVIDER		ANY PROVIDER	
	Annual Deductible Individual / Family		\$50 / \$150		\$50 / \$150	
	Annual Maximum Benefit Per person, age 19 and older		\$1,000		\$1,500	
	Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and under		\$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	
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
	Class II Services		20%		20%	
	Class III Services		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 us at (855) 330-2792 or by email at [coverageadvisors@pacificsource.com](mailto:coverageadvisors@pacificsource.com). For more details, search individual and family plans at [PacificSource.com](https://www.pacificsource.com).