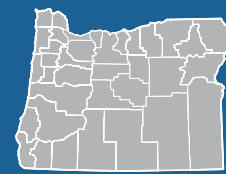
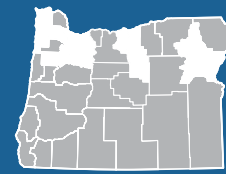


2020 Oregon

Small Group Dental Plans



Dental Advantage and Dental Choice plans serve all Oregon counties.



Dental Advantage Essentials plans serve the following Oregon counties:

Benton, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Morrow, Umatilla, Wallowa, Wasco, and Yamhill.



We're here to help.

Contact our team or your broker for a quote.
We're available Monday through Friday, from 8:00 a.m. to 5:00 p.m.

- Portland:** (503) 699-6561 | (866) 540-1191 | portlandsales@pacificsource.com
- Bend:** (541) 330-8896 | (888) 877-7996 | bendsales@pacificsource.com
- Springfield:** (541) 686-1242 | (800) 624-6052 | springfieldsales@pacificsource.com
- Medford:** (541) 858-0381 | (800) 899-5866 | medfordsales@pacificsource.com

[PacificSource.com](https://www.pacificsource.com)

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2020 Dental Plans for Oregon Small Groups | 1–50





Decide on Dental

Good dental health can lead to better overall health. You can pair our dental plans with the health plans you offer your employees, or select dental-only.

Choose a Dental Choice, Dental Advantage, or Dental Advantage Essentials plan

Dental Choice plans give your employees the option to see any dentist they want. It's a high-value option for employees who place a priority on choice.

Dental Advantage plans give your employees access to a robust network of more than 1,800 dental providers in Idaho, Oregon, and Washington. It's important that you see Dental Advantage network dentists. Otherwise, you'll end up paying more out of pocket for your dental care.

Dental Advantage Essentials plans are not available in all areas. These plans cost less because employees and their chosen primary care dentist work together for optimal treatment plans and better outcomes. If employees don't receive in-network care, they pay the full cost of their dental treatment.

Search dentists from our Find a Doctor tool at **PacificSource.com**.



Give your employees a voluntary dental option

Not looking to offer a dental plan, but want to give your employees a dental option? Voluntary Dental may be just what you need.

With this option, your employees pay the full premium as if they were buying their own dental plan, but they get plan benefits that typically come with a dental plan that you might offer as an employer.

Please note that there are additional guidelines and requirements for voluntary dental plans.

A downloadable brochure about voluntary dental options is available at **PacificSource.com**.

Group size requirements

The listed group size requirement applies when the dental plan is purchased as a standalone plan. When grouped with a medical plan, all dental plans are available.

2020 Oregon | Small Group Dental Plans

	Dental Advantage Essentials or Essentials Plus		Dental Choice 0-20-50 50-1000	Dental Choice Plus 0-20-50 25-1000 or 0-20-50 25-1500	Dental Choice Plus 0-20-50 50-1000 or 0-20-50 50-1500	Dental Advantage Core		Dental Advantage 20-20-50 1000 or 20-20-50 1500		Dental Advantage 0-20-50 1000 or 0-20-50 1500		Dental Advantage Plus 0-20-50 1000 or 0-20-50 1500		Kids Dental Advantage 0-20-50 or 20-40-50 <small>(coverage for members age 18 and under)</small>	
	Advantage Essentials		No Network Needed	No Network Needed	No Network Needed	Advantage Network		Advantage Network		Advantage Network		Advantage Network		Advantage Network	
Group Size Required for Standalone Policy	1+		1+	10+	10+	1+		1+		1+		10+		1+	
	IN NETWORK	OUT OF NETWORK	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Annual Deductible Individual / Family	N/A	N/A	\$50 / \$150	\$25 / \$75	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150
Annual Maximum Benefit Per person, age 19 and older	N/A		\$1,000	\$1,000 or \$1,500	\$1,000 or \$1,500	\$500 on Class II services		\$1,000 or \$1,500		\$1,000 or \$1,500		\$1,000 or \$1,500		N/A	
Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and under	\$350 / \$700	N/A	\$350 / \$700	\$350 / \$700	\$350 / \$700	\$350 / \$700	N/A	\$350 / \$700	N/A	\$350 / \$700	N/A	\$350 / \$700	N/A	\$350 / \$700	N/A
	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:
Class I Services	Copay varies based on service, see benefit summary	N/A	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	20%	20%	Covered in Full	20%	Covered in Full	20%	Covered in Full or 20%	20%
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Class II Services	Copay varies based on service, see benefit summary	N/A	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20% or 40%	20% or 50%
Class III Services	Copay varies based on service, see benefit summary	N/A	50%	50%	50%	50% (age 19+ not covered)	50% (age 19+ not covered)	50%	50%	50%	50%	50%	50%	50%	50%
Exclusion Period Per person, age 19 and older	None		Class III: 12 months	None	None	Class II: 6 months		Class III: 12 months		Class III: 12 months		None		None	
Cosmetic Orthodontia*	Included; \$3,000 copay		Optional; \$1,000 Lifetime Max	Optional; \$1,000 Lifetime Max	Optional; \$1,000 Lifetime Max	N/A		Optional; \$1,000 Lifetime Max		Optional; \$1,000 Lifetime Max		Optional; \$1,000 Lifetime Max		N/A	

Plan names explained: Advantage—PPO-style plans | Choice—Indemnity plans | Essentials—Dental HMO | Plus—No exclusion periods

* Additional eligibility requirements may apply.
This is a brief summary. For more details, contact us at **oregonsales@pacificsource.com** or search small group plans at **PacificSource.com**.

What's covered?

Here is a brief list of services and treatments most commonly asked about. For more details, search Oregon small group plans at **PacificSource.com**.

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
- Complicated oral surgery
- Endodontic (pulp therapy and root canal therapy)
- Periodontal surgery

Class III: Major Services

- Full, immediate, or overdentures
- Crowns and bridges
- Child orthodontia (medically necessary only; all plans; kids through age 18)

Cosmetic Orthodontia*

- Available based on group size with any dental plan purchased direct through PacificSource (except Core, Essentials, and Kids plans)
- 26–50 enrolled employees: \$1,000 lifetime max, 12-month exclusion period; wait period reduced or eliminated with prior orthodontia coverage
- Included on Dental Advantage Essentials and Dental Advantage Essentials Plus, with \$3,000 copay and no group size limitation