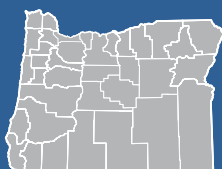




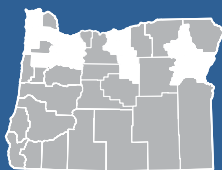
2023 Dental Plans for **Oregon Large Groups** | 51+

2023 Oregon

Large Group Dental Plans



Dental Advantage and Dental Choice plans are available for purchase in all Oregon counties.



Dental Advantage Essentials plans are available for purchase in 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.



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 1,200 dental providers at more than 750 locations in Idaho, Oregon, and Washington. In order to get the most value from your plan, it is important that your employees see Dental Advantage network dentists.

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 our Voluntary Dental option, your employees pay the full premium as if they were buying their own dental plan, but they get benefits that typically come with a group plan.

Voluntary Dental is available with our non-Plus plans to groups with 10 or more enrolled employees. Additional guidelines and requirements apply.

2023 Oregon | Large Group Dental Plans

VOLUNTARY DENTAL ONLY														
	Dental Advantage Essentials or Essentials Plus		Dental Choice Plus 20-20-50 50-1000 or 20-20-50 50-1500	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 Plus 20-20-50 1000 or 20-20-50 1500		Dental Advantage Plus 0-20-50 25-1000 or 0-20-50 25-1500		Dental Advantage Plus 0-20-50 50-1000 or 0-20-50 50-1500		Dental Choice 0-20-50 50-1000 or 0-20-50 50-1500 or 0-20-50 25-1500	Dental Advantage 0-20-50 1000 or 0-20-50 1500	
	Advantage Essentials		No Network	No Network	No Network	Advantage Network		Advantage Network		Advantage Network		No Network	Advantage Network	
	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	ANY PROVIDER	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	\$25 / \$75	N/A	\$50 / \$150	\$25 / \$75 or \$50 / \$150	N/A	\$50 / \$150
Annual Maximum Benefit Per person	N/A		\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500		\$1,000 or \$1,500		\$1,000 or \$1,500		\$1,000 or \$1,500	\$1,000 or \$1,500	
	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	Not covered	20%	Covered in full	Covered in full	20%		Covered in full		Covered in full		Covered in full	Covered in full	
	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:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Class II Services	Copay varies based on service; see benefit summary	Not covered	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class III Services	Copay varies based on service; see benefit summary	Not covered	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Exclusion Period	None		None	None	None	None		None		None		Class III: 12 months	Class III: 12 months	
Cosmetic Orthodontia*	Included; \$3,000 copay		Optional: \$1,000 or \$1,500 lifetime max	Optional: \$1,000 or \$1,500 lifetime max	Optional: \$1,000 or \$1,500 lifetime max	Optional: \$1,000 or \$1,500 lifetime max		Optional: \$1,000 or \$1,500 lifetime max		Optional: \$1,000 or \$1,500 lifetime max		Optional: \$1,000 or \$1,500 lifetime max	Optional: \$1,000 or \$1,500 lifetime max	

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 group plans at [PacificSource.com](#). Accessibility help: for assistance reading this table or the rest of the document, please call us at **888-977-9299**, TTY: 711. We accept all relay calls.

What’s covered?



Here is a brief list of services and treatments most commonly asked about. For more details, search Oregon large group plans at [PacificSource.com](#).

Class I: Preventive Services

- Exams and x-rays
- Three dental cleanings (prophylaxis or periodontal maintenance) per plan year
- 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, including composite
- Complicated oral surgery
- Endodontic (pulp therapy and root canal therapy)
- Periodontal surgery

Class III: Major Services

- Full, immediate, or overdentures
- Crowns and bridges

Cosmetic Orthodontia*

Options for Dental Choice and Dental Advantage Plans

- \$1,000 or \$1,500 lifetime maximum options
- 26+ enrolled employees
- 12-month exclusion period with some voluntary dental plans; exclusion period reduced or eliminated with prior orthodontia coverage

Dental Advantage Essentials Plans (included)

- \$3,000 copay

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.

Phone: 877-723-1259

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