

Optional Preventive Dental Benefits - Frequently Asked Questions

What are optional preventive dental benefits?

These are preventive dental benefits that are not covered by Original Medicare or automatically included in your PacificSource Medicare Advantage plan. If you sign up for optional preventive dental benefits, you will pay an additional premium.

What is covered?

This plan covers the preventive dental services listed below. There is **no deductible, no waiting periods and you can choose any dentist**.

Services that are covered for you	What you pay: In-Network Dentists	What you pay: Out-of-Network Dentists
• Deductible.	None	None
• Annual Benefit Maximum.	None	None
• Routine exams. Limited to two exams per calendar year (1 per 6 months).	\$0 copay	\$0 copay up to our maximum allowable charge.* *If your dentist charges more than this maximum, you will be responsible for the difference.
• Dental Cleanings (Prophylaxis or Periodontal Maintenance). Limited to two cleanings per calendar year (1 per 6 months).	\$0 copay	
• Bitewing x-rays (one set of four films). Limited to two sets per calendar year (1 per 6 months).	\$0 copay	
• Full mouth x-rays and/or Panorex. Limited to one complete mouth series every five years.**	\$0 copay	

* **Maximum allowable** is based on the 85th percentile of Usual, Customary, and Reasonable (UCR) charges, which means that 85% of dentists accept our maximum allowable as payment in full.

** Multi-year benefits may not be available in subsequent years.

What are “Usual, Customary, and Reasonable” (UCR) charges?

We will cover 100% up to our maximum allowable charges for covered out-of-network services. This maximum allowable is based on the 85th percentile of Usual, Customary, and Reasonable (UCR) charges, which means that 85% of dentists accept our maximum allowable as payment in full. If your out-of-network dentist charges more than the maximum allowable, you may have to pay excess charges. These excess charges are your responsibility.

Why is preventive dental care important?

Dental health is important for your overall health. Preventive dental exams and regular cleanings help with early detection and prevention of dental problems. Poor dental hygiene can lead to gum

disease, cavities, and other infections, all of which can have an impact on your overall health. Preventive dental care helps keep you healthy.

Can I choose my dentist?

Yes, although you may have to pay more if you see a dentist outside of the Advantage Dental Network.

How do I use my dental benefits?

If you have enrolled in our optional preventive dental plan, just show your PacificSource Medicare ID card to your dentist. The front of your ID card will show that you have dental coverage. Your dentist will bill us directly using the address on the back of your ID card.

When can I join?

Generally, you can only join during the annual enrollment period (October 15 – December 7) of each year.

Are there waiting periods?

No. There are no waiting periods. You can begin getting covered services the day your coverage begins.

Are deep cleanings covered?

Generally, this plan only covers preventive care, such as basic cleanings. However, coverage is provided for periodontal maintenance, for patients who have previously been treated for periodontal disease.

Will the dental premium be billed together in one bill with the medical premium?

Yes. We will bill both your medical plan premium and your optional preventive dental plan premium together. This will be included on your monthly premium bill.

How do I know what I will pay for covered services?

Your dentist can send us a "Dental Pre-Treatment Coverage Estimate" form, asking us for this information before you get services.

Who do I contact with questions?

If you have any questions about your plan premium or preventive dental benefits, please call Customer Service at:

- (541) 385-5315 - Bend
- (541) 225-3771 - Springfield
- (208) 433-4612 - Boise
- (888) 863-3637 - Toll-free
- (800) 735-2900 - TTY

We are open:

- October 1st - February 14th: 8:00 a.m. - 8:00 p.m., seven days a week
- February 15th - September 30: 8:00 a.m. - 8:00 p.m., Monday - Friday

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal. Benefits, premiums, provider network, copays, and coinsurance may change on January 1 of each year. Y0021_MISC2856_Plan Approved 09262014

Arabic	PacificSource Community Health Plans ، كيدلف قحلا يف لوصحلا نلع ةدعاسملا تامولعملاو ثدحتال عم مجرتم لصتاب (888) 863-3637 .إنناك كيدل وأ بدل صخش هدهاست ةلئسأ صوصخب ضلا رورةي كتغلب نم نود ةيا ةفلاكت.
Cambodian-Mon-Khmer	ប្រសិនបើអ្នក ឬអ្នកដទៃ កំពុងស្វែងរកព័ត៌មាន ឬសំណួរអ្វីៗ PacificSource Community Health Plans ចុះ, អ្នកមិនចំណាយថវិកាអ្វីឡើយដើម្បីទទួលបានការជួយពីអ្នកបកប្រែទេ។ បើចង់ដឹងថាមានអ្នកបកប្រែ ឬទេ (888) 863-3637.
Chinese	如果您，或是您正在協助的對象，有關於[插入 SBM 項目的名稱 PacificSource Community Health Plans 方面的問題，您 有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話[在此插入數字(888) 863-3637.
Cushite-Oromo	Isin yookan namni biraa isin deeggartan PacificSource Community Health Plans irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa (888) 863-3637 tiin bilbilaa.
French	Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de PacificSource Community Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (888) 863-3637.
German	Falls Sie oder jemand, dem Sie helfen, Fragen zum PacificSource Community Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (888) 863-3637 an.
Japanese	ご本人様、またはお客様の身の回りの方でもPacificSource Community Health Plans sについてご質問がございました ら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金は かかりません。 通訳とお話される場合、(888) 863-3637 までお電話ください。
Korean	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 PacificSource Community Health Plans에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (888) 863-3637로 전화하십시오.
Persian-Farsi	، لاوس رد دروم PacificSource Community Health Plans ، تشاده ديشاب قح نيا ار دير ادكه كمك تقايرد امن يي د. (888) 863-3637 سامت لصاح ديي امن. گار امش، اي سكي كه امش به و كمك دينكي م و تا علاطا به نابز دوخ ار به روط ناگيار
Romanian	Dacă dumneavoastră sau persoana pe care o asistați aveți întrebări privind PacificSource Community Health Plans, aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a vorbi cu un interpret, sunați la (888) 863-3637.
Russian	Если у вас или лица, которому вы помогаете, имеются вопросы по поводу PacificSource Community Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (888) 863-3637.
Spanish	Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de PacificSource Community Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (888) 863-3637.

Thai	หากคุณ หรือคนที่คนกลางช่วยเหลือมีคำถามเกี่ยวกับ PacificSource Community Health Plans คุณสามารถโทรที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พดศยุ กบลาม โทร (888) 863-3637.
Ukrainian	Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про PacificSource Community Health Plans, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на (888) 863-3637.
Vietnamese	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về PacificSource Community Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (888) 863-3637.

Discrimination is Against the Law

PacificSource Community Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PacificSource does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PacificSource Community Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at (888) 863-3637 or, for TTY users, (800) 735-2900.

October 1 – February 14: 8:00 a.m. to 8:00 p.m., seven days a week

February 15 - September 30: 8:00 a.m. to 8:00 p.m. Monday-Friday

If you believe that PacificSource Community Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Kristi Kernutt, PO Box 7068, Springfield, OR 97475-0068, (541) 225-1967, Fax (541) 684-5475, or email Kristi.Kernutt@pacificsource.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Customer Service Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>