

# CIS Benefits Program

Summary of Dental Plan Options  
Effective January 1, 2020



cis benefits  
www.cisbenefits.org

## Delta Dental –

*These plans are insured by CIS but administered by Delta Dental. This means CIS, not Delta Dental, pays for your covered dental services and supplies.*

Benefit Features	Plan II	Plan III	Plan V
<b>Calendar Year Maximum Benefit<sup>1</sup></b>	\$1,500	\$1,500	\$2,000
<b>Calendar Year Deductible</b>	None	None	\$25 per covered person (max 3/family)
<b>Class I - Preventive and Diagnostic Services - (includes Health through Oral Wellness Program (HtoW))</b>	70%/80%/90%/100% <sup>2</sup>	70%/80%/90%/100% <sup>2</sup>	100%, no deductible
<b>Class II<sup>3</sup> - Restorative, Endodontic and Periodontic</b>	70%/80%/90%/100% <sup>2</sup>	70%/80%/90%/100% <sup>2</sup>	80%
<b>Class III<sup>3</sup> – Crowns, Implants and Bridges</b>	50%	70%/80%/90%/100% <sup>2</sup>	50%

**Orthodontic Rider<sup>3</sup> – can be added to any Delta Dental plan**

<b>Orthodontia Adult/Child Benefit</b>	50% up to a lifetime maximum of \$1,000
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<sup>1</sup>Preventive Services do not apply to the Calendar Year maximum benefit.

<sup>2</sup>Benefits increase 10% each Calendar Year for each covered person, individually, if a dentist is seen at least annually for covered services.

<sup>3</sup>There is a 12-month waiting period for Class II, Class III, and Orthodontic benefits for any covered person not enrolled when initially eligible.

## Willamette Dental – underwritten by Willamette Dental Service \*

Benefit Features	Willamette Dental <i>*Plan terminates 12/31/2020</i>	Willamette Dental – A <i>*Effective 1/1/2020</i>
<b>Calendar Year Maximum Benefit</b>	No annual maximum	No annual maximum
<b>Calendar Year Deductible</b>	None	None
<b>General Office Visit/Specialty Office Visit</b>	\$10 copay per General Office Visit/\$30 copay per Specialty Visit	\$20 copay per General Office Visit/\$30 copay per Specialty Visit
<b>Preventive and Diagnostic Services</b>	No additional charge	No additional charge
<b>Restorative Services – Filling/Crown</b>	No additional charge	\$15 copay per Filling \$200 copay per Crown
<b>Endodontic</b>	No additional charge	\$75 copay
<b>Periodontic</b>	No additional charge	No additional charge
<b>Prostodontics (complete upper or lower denture)</b>	No additional charge	No additional charge
<b>Prostodontics (bridge (per tooth))</b>	No additional charge	\$200 copay
<b>Surgical Extractions (per tooth)</b>	\$50 copay	\$50 copay
<b>Dental Implant Surgery</b>	Not Covered	\$1,500 annual Implant maximum
<b>Pre-Orthodontia Adult/Child Services</b>	\$150 copay <sup>1</sup>	\$150 copay <sup>1</sup>
<b>Orthodontia Adult/Child Services</b>	\$1,500 copay	\$2,000 copay

<sup>1</sup>Fee credited toward orthodontic treatment copay if patient accepts treatment plan.

*\*The current Willamette Dental plan terminates December 31, 2020; Willamette Dental – A is a new plan effective 1/1/2020 and will be the only Willamette Dental plan available starting January 1, 2021.*

## Kaiser Dental – underwritten by Kaiser Permanente

<b>Calendar Year Maximum Benefit</b>	No annual maximum
<b>Calendar Year Deductible</b>	None
<b>Dental Office Visit Charge</b>	\$10 copay
<b>Preventive and Diagnostic Services</b>	No additional charge
<b>Restorative, Periodontic, Endodontics, Simple Extractions and Oral Surgery</b>	No additional charge
<b>Major Restorative Services - includes crowns, inlays, bridge abutments and pontics</b>	\$45 copay for each
<b>Removable Prosthetics</b>	\$95 for each partial denture; \$65 for each full prosthetic; \$25 for Relines and Rebases

**Orthodontic Rider – can be added to Kaiser dental plan**

<b>Orthodontic Adult/Child Benefit</b>	50% up to a lifetime maximum of \$1,000
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**Disclosure: This is a summary only. Any errors or omissions are unintentional. Once enrolled, employees can view their Plan Booklets online at the claims administrator's/carrier's website.**