

CIS Benefits Program

Summary of **Dental Plan** Options
Effective January 1, 2019



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
Maximum Benefit per Calendar Year	\$1,500	\$1,500	\$2,000
Deductible per Calendar Year	None	None	\$25 per covered person (max 3 per family)
Class I - Preventive and Diagnostic Services	70%/80%/90%/100% ¹	70%/80%/90%/100% ¹	100%, no deductible
Class II - Restorative, Endodontic and Periodontic	70%/80%/90%/100% ¹	70%/80%/90%/100% ¹	80%
Class III² – Crowns, Implants and Bridges	50%	70%/80%/90%/100% ¹	50%

Orthodontic Rider – can be added to any ODS dental plan

Orthodontia Adult/Child Benefit	50% up to a lifetime maximum of \$1,000
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¹ Benefits increase 10% each Calendar Year for each covered person, individually, if a dentist is seen at least annually for covered services

² There is a 12-month waiting period for Late Enrollees. A Late Enrollee is anyone not enrolled when initially eligible. Does not apply when employee changes to a new CIS dental plan/carrier during open enrollment.

Willamette Dental – underwritten by Willamette Dental Service

Maximum Benefit per Calendar Year Deductible per Calendar Year	No annual maximum None
General Office Visit/Specialty Office Visit	\$10 copay per General Office Visit/\$30 copay per Specialty Visit
Preventive and Diagnostic Services	No additional charge
Restorative, Endodontics and Periodontics	No additional charge
Prosthodontics (complete upper or lower denture/bridge)	No additional charge
Surgical Extractions (per tooth)	\$50
Orthodontia Adult/Child Benefit	Pre-Orthodontic services \$150 copay ¹ Orthodontic treatment \$1,500 copay

¹ Fee credited toward orthodontic treatment copay if patient accepts treatment plan.

Kaiser Dental – underwritten by Kaiser Permanente

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

Orthodontic Rider – can be added to Kaiser dental plan

Orthodontic Adult/Child Benefit	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 Booklet online at the claims administrator's carrier website.