

# CIS Benefits Program

Summary of **Dental Plan** Options  
Effective January 1, 2015



cis benefits  
www.cisbenefits.org

## Oregon Dental Services (ODS) –

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

Benefit Features	Plan II	Plan III	Plan IV <sup>3</sup>	Plan V
Maximum Benefit per calendar year	\$1,500	\$1,500	\$1,500	\$2,000
Deductible per calendar year	None	None	\$25 per person (max 3 per family)	\$25 per person (max 3 per family)
Class I - Preventive and Diagnostic Services	70%/80%/90%/100% <sup>1</sup>	70%/80%/90%/100% <sup>1</sup>	80%	100%, no deductible
Class II - Restorative, Endodontic and Periodontic	70%/80%/90%/100% <sup>1</sup>	70%/80%/90%/100% <sup>1</sup>	80%	80%
Class III <sup>2</sup> – Crowns, Implants and Bridges	50%	70%/80%/90%/100% <sup>1</sup>	50%	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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<sup>1</sup> Benefits increase 10% each calendar year for each covered person, individually, if a dentist is seen at least annually for covered services

<sup>2</sup> 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 moves to a new CIS dental plan/carrier during open enrollment.

<sup>3</sup> Plan IV terminates 12/31/2015.

## 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 <sup>1</sup> Orthodontic treatment \$1,500 copay

<sup>1</sup> 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 rebasis	\$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.**