

CIS TRUST DENTAL - ADMINISTERED BY DELTA DENTAL

These dental plans are self-insured by CIS — covered dental services and supplies are paid by CIS. Delta Dental of Oregon administers these plans on behalf of CIS.

BENEFIT FEATURES	PLAN II	PLAN III	PLAN V
Calendar Year Maximum Benefit • Preventive Services do not apply to the Calendar Year maximum • Calendar Year maximum does not apply to members under age 16	\$1,500	\$1,500	\$2,000
Calendar Year Deductible	None	None	\$25 per covered person (max 3/family)
Class I - Preventive and Diagnostic Services Includes Health through Oral Wellness Program (HtOW)	70%/80%/90%/100% ¹	70%/80%/90%/100% ¹	100%, no deductible
Class II ² - Restorative, Endodontic & Periodontic	70%/80%/90%/100% ¹	70%/80%/90%/100% ¹	80%
Class III ² - Crowns, Implants and Bridges	50%	70%/80%/90%/100% ¹	50%

ORTHODONTIC RIDER² — Can be added to any CIS Trust Dental Plan

Orthodontia Adult/Child Benefit	50% up to a lifetime maximum of \$1,000
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¹Benefits start at 70% your first calendar year of coverage. Thereafter, payments increase by 10% each calendar year (up to a maximum benefit of 100%) provided the individual has visited the dentist at least once during the previous calendar year. If in any calendar year the individual fails to receive covered dental services, the percentage will decrease by 10% the next calendar year, but it will never be reduced below 70%.

²There 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 - A

Underwritten by Willamette Dental Service. No calendar year maximum benefit or calendar year deductible.

General Office Visit/Specialty Office Visit	\$20 copay per General Office Visit/\$30 copay per Specialty Visit
Preventive and Diagnostic Services	Covered with office visit copay
Restorative Services – Filling/Crown	\$15 copay per Filling/ \$200 copay per crown
Endodontic	\$75 copay
Periodontic	Covered with office visit copay
Prostodontics (complete upper or lower denture/bridge)	Covered with office visit copay
Prostodontics (bridge, per tooth)	\$200 copay
Surgical Extractions (per tooth)	\$50 copay
Dental Implant Surgery ⁴	\$1,500 annual implant maximum
Pre-Orthodontia Adult/Child Services	\$150 copay ³
Orthodontia Adult/Child Services	\$2,000 copay

³Fee credited toward orthodontic treatment copay if patient accepts treatment plan.

⁴Implant-supported crowns, bridges, and dentures are not a covered benefit.

KAISER DENTAL II

Underwritten by Kaiser Permanente

Calendar Year Maximum Benefit	\$2,000
Calendar Year Deductible	None
Preventive and Diagnostic Services	Covered with Office Visit Copay
Restorative, Periodontic, Endodontics, Simple Extractions & Oral Surgery	Covered with Office Visit Copay
Major Restorative Services (includes crowns, inlays, bridge abutments & pontics)	\$45 copay for each
Removable Prosthetics	\$95 for each partial denture; \$65 for each full denture; \$25 for Relines and Rebases
Implants	50% up to Calendar Year Maximum
KAISER ORTHODONTIC RIDER	
Orthodontia Adult/Child Benefit - must use Kaiser providers	50% up to a lifetime maximum of \$1,000