

# SUMMARY OF BENEFITS

CIS Trust - SO14 - 1/1/2024



COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum
Deductible	No Deductible
General or Orthodontic Office Visit	You Pay \$10 per Visit <sup>1</sup>
<b>DIAGNOSTIC &amp; PREVENTIVE SERVICES</b>	
Routine & Emergency Exams	Covered with the Office Visit Copay
X-rays	Covered with the Office Visit Copay
Teeth Cleaning	Covered with the Office Visit Copay
Fluoride Treatment	Covered with the Office Visit Copay
Sealants (per Tooth)	Covered with the Office Visit Copay
Head and Neck Cancer Screening	Covered with the Office Visit Copay
Oral Hygiene Instruction	Covered with the Office Visit Copay
Periodontal Charting	Covered with the Office Visit Copay
Periodontal Evaluation	Covered with the Office Visit Copay
<b>RESTORATIVE DENTISTRY</b>	
Fillings	Covered with the Office Visit Copay
Porcelain-Metal Crown	Covered with the Office Visit Copay
<b>PROSTHODONTICS</b>	
Complete Upper or Lower Denture	Covered with the Office Visit Copay
Bridge (per Tooth)	Covered with the Office Visit Copay
<b>ENDODONTICS &amp; PERIODONTICS</b>	
Root Canal Therapy - Anterior / Bicuspid / Molar	Covered with the Office Visit Copay
Osseous Surgery (per Quadrant)	Covered with the Office Visit Copay
Root Planing (per Quadrant)	Covered with the Office Visit Copay
<b>ORAL SURGERY</b>	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	You Pay a \$50 Copay
<b>ORTHODONTIA TREATMENT</b>	
Pre-Orthodontia Treatment	You Pay a \$150 Copay <sup>2</sup>
Comprehensive Orthodontia Treatment	You Pay a \$1,500 Copay
<b>MISCELLANEOUS</b>	
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	You pay a \$10 Copay
Specialty Office Visit	You pay \$30 per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$100

<sup>1</sup>An office visit copayment applies at each visit, in addition to any copayments for services. <sup>2</sup>Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

Presented are just some of the most common procedures covered in this plan. The final contract will govern. Benefits are provided through a self-funded dental plan sponsored and maintained by the plan sponsor, with certain administrative services provided by Willamette Dental Insurance, Inc. and dental care provided by Willamette Dental Group, P.C.