



# Cypress Dental Group Plan Information Sheet



## Highlights of the Cypress Dental Plan

The following chart provides a brief summary of the key benefits provided by Cypress Dental & Vision. On the following pages, you will find additional information to answer questions you may have. For a complete list of all covered procedures, limitations and exclusions, please refer to your booklet or contact Cypress Dental & Vision at the numbers below.

### Dental Plan Summary for Living Spaces Furniture

<b>\$2,000 Annual Maximum Per Person</b>	<b>Deductible</b>	<b>If In Network You Pay:</b>	<b>If Out of Network** You Pay:</b>
<b>Preventive Services</b>	<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>Basic Services*</b>	<b>\$50</b>	<b>0%</b>	<b>20%</b>
<b>*Combined Deductible: PPO Deductibles for Basic and Major services are combined. Out of Network deductible for Basic and Major services combined.</b>			
<b>Major Services*</b>	<b>\$50</b>	<b>40%</b>	<b>50%</b>

Family Deductible: \$150 per plan year

\*\*When using non-network providers, you pay any amount over the usual, customary and reasonable allowable charge.

Contact [Cypress Dental & Vision](#) for all benefits, claims and eligibility questions:

**Cypress Dental & Vision**  
**7510 Shoreline Drive, Suite A-1, Stockton, CA 95219**  
**Toll Free (800)350-3989**  
**Fax (209)478-5614**  
**Email [claims@cypressadmin.com](mailto:claims@cypressadmin.com)**  
**Website [www.cypressadmin.com](http://www.cypressadmin.com)**

## What Dental Procedures are Covered?

This list of common procedures shows which service category the procedure is included in and how often they are covered.

### Procedure Frequencies and Limitations<sup>\*</sup>

#### ***Preventive Services***

#### ***Frequency or Limitation***

Routine or comprehensive oral exams	Maximum 2 per calendar year
Check up cleanings	Maximum 2 per calendar year
Bitewing x-rays	Maximum 4 films per calendar year
Sealants	Maximum 1 procedure per 36 months, first and second molars only, limited to children under age 16;
Fluoride	One treatment per calendar year, limited to children under age 16

#### ***Basic Services***

Full-mouth x-rays	Maximum 1 procedure per 36 months
Restorative Fillings	Replacement of existing limited to once per tooth per 12 months if under age 19, or once per tooth per 36 months if over age 19.
Simple extractions	
Emergency exams	
Periodontics:	
Root planning	Maximum 1 per 24 months per quadrant
Perio cleaning (deep cleaning)	Maximum 2 per calendar year
Endodontics (Root canal)	
Oral Surgery	
Surgical Extractions	
General Anesthesia/IV Sedation	Allowed for surgical procedure only

#### ***Major Services***

Crowns	Maximum 1 per 5 years per tooth
Bridges	Maximum 1 per 5 years per tooth
Dentures	Maximum 1 procedure per 5
Space maintainers	Maximum 1 procedure per 36 months; Limited to children under age 16; Permanent molars only.
Implants	See Individual certificate of insurance for limitations

<sup>\*</sup> *This is a summary of frequencies & limitations only. Refer to the certificate of coverage for a full description of benefits.*

## How To Find A Participating Provider

Use the provider directory on [www.cypressadmin.com](http://www.cypressadmin.com) to locate a PPO provider near you or to see if your dentist participates.

1	Visit our website at <a href="http://www.cypressadmin.com">www.cypressadmin.com</a>
2	Click the Provider Directory tab at the top of the page
3	Click on the First Dental Health Provider Directory
4	Enter the zip code of the area you would like to search and the miles willing to travel
5	Select the desired specialty or use the General Dentistry default
6	The Network is PPO Subscriber
7	You may also enter the name of a particular dentist

You may also refer your dentist to be included in the network from this site or you may call **(858) 689-0904** or you can nominate online at [www.firstdentalhealth.com](http://www.firstdentalhealth.com).

## Pretreatment/Prior Authorizations

Cypress Dental & Vision does not require prior authorization for any procedure, we recommend it if you would like to know your share of cost up front. Simply ask your dentist to request a pretreatment estimate from our claims and benefits department. We will inform the dentist of the exact amount your insurance will cover and what amount you are responsible for.

## Limitations & Exclusions<sup>\*</sup>

<b>Late Entrant Provision</b>	If you choose not to sign up or enroll any otherwise eligible dependents during the initial enrollment period, you will be considered a late entrant. Late entrants are eligible only for preventive services for the first 12 months they are covered under the policy.
<b>Missing Tooth</b>	Benefits for the initial placement of bridge, partials and dentures are not covered if those teeth were missing prior to becoming insured under the Cypress Dental & Vision policy.
<b>Orthodontia</b> <i>Ortho may not be available with all plans</i>	<p>If there is an orthodontia (ortho) treatment in progress on the coverage effective date and you are covered under any prior group insurance for ortho, there will be immediate coverage for treatment if proof is submitted that shows:</p> <ol style="list-style-type: none"> <li>1. The lifetime maximum under any prior group insurance has not been exceeded,</li> <li>2. Ortho treatment was started and bands or appliances were inserted while insured under any prior group insurance, and</li> <li>3. Ortho treatment has been continued while insured is under this policy.</li> <li>4. Lesser of lifetime max between prior plan and Cypress plan will prevail to determine continuation ortho benefit.</li> </ol> <p>Cypress will credit payment made by the prior carrier toward the Cypress lifetime ortho payment limit.</p> <p>You will not be covered if ortho treatment is in progress prior to the effective date with Cypress Dental &amp; Vision and you are not covered under any prior group coverage for ortho.</p> <p><b><i>Ortho may not be available with all plans</i></b></p>
<b>Other Limitations</b>	There are additional limitations to your coverage. A complete list is included in your certificate of insurance.

<sup>\*</sup>This is a summary of limitations and exclusions please refer to your certificate of insurance for more information.