



Cypress Dental Plan Summary for Public Wireless, Inc.

Plan Year Maximum

Plan Year Deductible (waived for preventive)

Preventive Services

- Routine exams & cleanings (2 per 12 months)
- Bitewing x-rays (once every 12 months)
- Sealants (permanent molars for children under age 16)
- Fluoride (once every 12 months for dependents under age 16)

Basic Services

- Full-mouth x-rays (once every 36 months)
- Restorative fillings, recementation of crowns
- Simple extractions
- Emergency treatment
- Periodontics
- Endodontics
- Oral surgery, Surgical extractions

Major Services***

- Crowns/Inlays/Onlays
- Bridges, Dentures
- Space maintainers (limited to dependent child under 16)

In Network*

Out of Network**

\$2,000

\$50 per person
(\$150 per family)

100%

80%

50%

Plan Information:

* *DenteMax network is utilized nationwide. Locate dental PPO providers at: www.dentemax.com.*

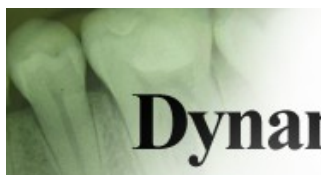
** *Benefits are paid at the 90th percentile of Usual, Customary and Reasonable (UCR), less coinsurance and deductible.*

*** *12 month waiting period waived for all new and existing employees and their dependents.*

This is a summary of benefits only. Refer to the certificate of coverage for a full description of benefits.

Mail Claims to:

Cypress Dental Administrators
7510 Shoreline Drive, Suite A-1
Stockton, CA 95219
www.cypressadmin.com
(800)350-3989 toll free (209)478-5614 fax



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