



# Cypress Dental & Vision

Group Effective 1/1/13  
Group #C82

## Cypress Dental Plan Summary for Cardinal Operating Personnel

### 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
- 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)

#### Orthodontia\*\*\*

- Dependent children under age 19 only

#### In Network\*

#### Out of Network\*\*

\$1,500

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

100%

80%

50%

\$1,500 lifetime

#### **Plan Information:**

\* *DenteMax network is utilized nationwide. Locate dental PPO providers at: [www.dentemax.com](http://www.dentemax.com).*

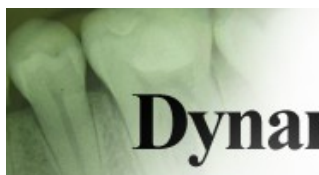
\*\* *Benefits are paid at the 90<sup>th</sup> percentile of Usual, Customary and Reasonable (UCR), less coinsurance and deductible.*

\*\*\* *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:**

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