



Cypress Dental Plan Summary for CBOL Corporation

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 and Out of Network*

\$1,500

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

100%

80%

50%

\$1,000 lifetime

- * DenteMax PPO network is utilized nationwide. Find a Dentist by visiting www.dentemax.com.
** Out of network benefits are paid based on DenteMax fee schedule, less coinsurance and deductible.
*** 12 month waiting period waived for all new and existing employees and their dependents.

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

Mail Claims to:

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