



Cypress Dental Manual

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Welcome!

We would like to welcome your group to Cypress Dental.

Cypress Administrators is a privately owned third party administrator specializing in dental plan design, administration, and marketing throughout the State of California.

We have been providing dental products to the individual and group marketplace since 1971 via our sister entity, Dutcher Insurance. We have performed administrative services for many other carriers over the years.

Our A rated (Standard and Poor's) carrier partner for PPO products is National Guardian Life, of Madison Wisconsin. With over 100 years in the insurance business, we believe in the strength of their company.

Our goal is to provide our customers with excellent customer service and high quality dental plans.

Please read this manual carefully to be sure you fully understand your group's dental benefits, coverage and billing process.





Customer Service Contacts

At Cypress Dental customer service is our first priority. The contact information for each of our departments is listed below.

Submitting Eligibility Changes:

To submit member changes, new enrollments, terminations, for COBRA, to order ID cards and other eligibility forms, you may fax, mail or email them to Cypress Dental. Forms are available on our website at www.cypressadmin.com/forms.

Cypress Dental
7510 Shoreline Drive, Ste A1
Stockton, CA 95219
Fax: 209-478-5614
Email: billing@cypressadmin.com

Customer Service:

Billing:

For customer service regarding billing questions (premium and payments)
Please call: 800-350-3989 Option 2, or email billing@cypressadmin.com.

Dental Claim Service:

For customer service regarding eligibility, claims, EOB's or benefit questions
Please call: 800-350-3989 Option 1, or email claims@cypressadmin.com.

Hours: 8:00 AM to 4:30 PM Pacific time, Monday-Friday

Most calls are answered immediately. A 24-48 hour
turnaround is guarantee for situations requiring a call back.

Provider Network:

To locate a Participating Provider please visit our website at www.cypressadmin.com.
Click on the "Provider Directories" tab at the top of the page and choose the PPO network that is assigned to your plan, this information is located on your ID card.

First Dental Health	www.firstdentalheath.com	(800) 334-7244
DenteMax	www.dentemax.com	(800) 752-1547

For further assistance, email marketing@cypressadmin.com.

Finding a participating dentist

Your employees may check our Provider Directory tab on our website at www.cypressadmin.com. Click on the “Provider Directories” tab at the top of the page and choose the PPO network that is assigned to your plan, this information is located on your ID card.

First Dental Health	www.firstdentalheath.com	(800) 334-7244
DenteMax	www.dentemax.com	(800) 752-1547

The benefits of seeing a participating Network dentist

Participating dentists have agreed to accept negotiated fees for services. When an employee receives care from a participating dentist they enjoy:

- **Credentialing standards.** The credentialing process is conducted prior to participation in the network. The networks re-credentials dentists annually (as compared to the bi-annual industry standard)
- **No claim forms to fill out.** Participating dentists submit all patient claims, so there's nothing for you or your employees to fill out.
- **Lower out-of-pocket costs.** Participating dentists generally accept reduced fees and your employees' co-payment (if applicable) is based on these reduced fees. As a result, they pay lower out-of-pocket costs than if they received care from a non-participating dentist.
- **No balance billing.** Participating dentists agree to accept the network fee and the patient co-payment or deductible (if applicable) as full payment.

Can my employees visit a non-participating dentist?

Yes, however services performed by out-of-network dentists may be covered at a lower benefit level and your employees' out-of-pocket costs may be higher. Members receive the greatest value when receiving care from a participating dentist.

When making an appointment with a dentist, please provide the office the following information:

1. The employee's ID number shown on ID card. DO NOT use social security number. This ID number is also used by any dependents.
2. The group number assigned to your company, also shown on ID card.
3. Cypress Dental's phone number and address for claims submission.
4. Notify the dentist which network you belong to.

Eligibility

Making changes to employee enrollment

Eligibility changes submitted on your invoice will not be processed.

Adding Employees:

You may add enrollees and dependents at open enrollment or due to a qualifying event such as marriage, change of employment for spouse, new child, new hire, etc.

You may add the following members at any time during the year:

A new employee (the effective date must be based on either the date of hire or the end of the employee's initial probationary period).

- An employee who has experienced a qualifying event that results in the loss of coverage from another plan sponsor.*
- Dependents as the result of a marriage, birth, adoption, or a qualifying event that results in the loss of coverage from another plan sponsor.*

*Proof of termination will be required by Cypress Dental.

Existing Employees electing coverage for the first time or adding dependents not subject to a qualifying event must wait until open enrollment or are subject to the following late entrant limitations.

Limitation for late entrants or re-enrollees:

Coverage for a Late Entrant or a Re-enrollee will be limited to preventive procedures during the first 12 months after the Late Entrant's or Re-enrollee's Effective Date. This limited coverage also applies to the Late Entrant's or Re-enrollee's Eligible Dependents, if enrolled.

Please use the Cypress Dental Employee Enrollment Form available at www.cypressadmin.com/forms.

Terminating Employees or Dependents

A Termination form must be completed and submitted within 30 days of termination. If the termination or qualifying event triggers COBRA eligibility, the Employer MUST submit an "Employer Notification of Qualifying Event Under Federal and State COBRA" form (available at www.cypressadmin.com under "Forms" tab) within 30 days of the qualifying event.

You can terminate a member's dental coverage at any time. If a member's claim is paid after the termination date, but before we receive notice of the termination, we will use the date the last claim was paid as the termination date for billing purposes.

Retroactive terminations will be accepted for up to the preceding two months, provided that we have not paid any claims for the enrollee during that time frame.

Additions and Terminations may be submitted to Cypress Dental by:

1. Faxing the completed form(s) to Cypress Dental at 209-478-5614.
2. E-mailing the completed form(s) to billing@cypressadmin.com

Additions and terminations must be reported with 30 days of the event.

Administrative Guidelines

Payment Methods

You may pay by check, money order or via automatic payment using ACH. We use an Automatic Clearing House (ACH) for automatic payments. ACH debit transactions are made against a bank account designated and authorized by you through an ACH Agreement Form. Please visit our website at www.cypressadmin.com under the forms tab.

Check should be made payable to Cypress Dental and sent to:

Cypress Dental
7510 Shoreline Drive, Ste A-1
Stockton, CA 95219

Billing and Late Notices

Please pay as billed. Your bill is due when it received. If payment is not received by the last day of the coverage month, a late fee of \$20 will be charged to your next bill. If payment is not received by the 5th of the following month, your dental insurance policy will be cancelled for nonpayment. Any claims incurred on or after the termination date will not be covered.

Reinstatement Fee

If you would like to reinstate after cancellation of the policy, a fee of \$15.00 for each employee, to a maximum of \$150.00 will apply.

What happens to your bill when you make changes to eligible employees

If an employee's eligibility changes (terminations, new employee add or adding of dependents) and is effective at the end of the month, that employee's original eligibility may still be on the following month's bill. For example, if an employee is terminated effective March 31, that employee may still show up on the April bill. However, the group will receive a credit for the terminated employee on the May bill. If you are adding a new employee or dependent to a policy, this will also reflect on the following month's bill. Please do not adjust the bill to reflect any employee's eligibility changes. The group must pay exactly what the bill shows, regardless of eligibility changes, because the insurance carrier may not have received the change notice until after the following month's bill has been generated. If the group sends in payment without the premium for the employee's change, it will show that the bill has not been paid in full and your employee's claims may be denied.

Please pay as invoiced

Do not send premium for new enrollees and do not remove premium for terminated employees. You will receive an adjustment for those employees on the following invoice.

Employment Separation Guidelines

COBRA

COBRA or the “Consolidated Omnibus Budget Reconciliation Act of 1985”, federal law passed in April 1986. One purpose of this law is to prevent gaps in health care coverage. The “continuation of coverage” provision require employers to provide a continuation of dental coverage for employees and their dependents under circumstances that would otherwise terminate coverage under the group’s plan.

All companies with twenty or more employees that provide dental coverage to their employees are subject to the continuation of coverage requirements of COBRA. COBRA eligibility includes full time, seasonal and part-time employees.

Qualifying Event	Qualifying Beneficiary	Continuation Period
Death of a covered employee	Any Covered Dependent(s)	36 months
Terminations of a covered employee (other than gross misconduct) or reduction in hours of employment	Covered employee and dependent(s)	18 months
Divorce or legal separation of covered employee from spouse	Covered Dependent(s) losing coverage	36 months
Dependent child ceases to be an eligible dependent under the terms of your dental plan	Dependent child	36 months
Covered employee’s eligibility for coverage under Medicare	Covered Dependent(s)	36 months

Employer’s Responsibility

Cypress can administer COBRA for you if you do not perform this task yourself. Please contact us for additional information.

When a qualifying event occurs, employers must provide written notification of COBRA rights to the employee and their covered dependents within 14 days of the event.

Under COBRA, employers are required to administer continuation of coverage benefits and the employee is responsible for paying the employer the full cost of the continued coverage in addition to an administrative fee.

The Employer must notify Cypress Dental as soon as possible when an employee loses coverage. The employee is terminated from the plan until the employer informs Cypress Dental to reinstate the employee under COBRA. The employee will be reinstated retroactively to the first day of the month following the loss of coverage.

Cal-COBRA

The California Continuation of Benefits Replacement Act (Cal-COBRA) became effective on January 1, 1998. This law required that every small employee health care service plan contract must offer continuation coverage to employees under the plan who experience a loss of coverage due to the occurrence of certain qualifying event. The cost of such continuation coverage will be charged entirely to those electing coverage. There is no charge to the employer.

The law required that a small employer must notify the carrier, or in this case Cypress Dental, of any employee who has experienced a qualifying event. A small employer is one that employs 2 to 19 employees on at least 50% of its working days during the preceding calendar year.

There are a series of qualifying events that enable employees to be eligible for Cal-COBRA:

Qualifying Event	Qualifying Beneficiary	Continuation Period
Death of a covered employee	Any Covered Dependent(s)	36 months
Terminations of a covered employee (other than gross misconduct) or reduction in hours of employment	Covered employee and dependent(s)	36 months
Divorce or legal separation of covered employee from spouse	Covered Dependent(s) losing coverage	36 months
Dependent child ceases to be an eligible dependent under the terms of your dental plan	Dependent child	36 months
Covered employee's eligibility for coverage under Medicare	Any Covered Dependent(s)	36 months

Employer's Responsibility

Cypress can administer COBRA for you if you do not perform this task yourself. Please contact us for additional information.

If you are a small employer, either you or Cypress Dental can distribute a copy of the disclosure and election form to each employee enrolled in your dental plan at the time an enrollee qualifies for Cal-COBRA (within 14 days of the event).

If you choose Cypress to send the Cal-COBRA notice to a qualified employee, please provide Cypress Dental with an Employer Notification Qualifying Event Under Federal and State COBRA form.

The employee will be terminated from the plan until the application to enroll under Cal-COBRA is received by Cypress Dental. The employee will be reinstated retroactively to the first day of the month following loss of coverage. The Cal-COBRA enrollee will be responsible for paying the full cost of coverage plus a 10% fee and will be billed directly by Cypress Dental.

Quick Guide

Check should be made payable to Cypress Dental and sent to:

Cypress Dental
7510 Shoreline Drive, Ste A-1
Stockton, CA 95219

1. Monthly premium is due when it is received, there is a 30 day grace period. If payment is not received by the last day of the coverage month, a late fee of \$20 will be charged to your next bill. If payment is not received by the 5th of the following month, your dental insurance policy will be cancelled for nonpayment.
2. Additions and terminations must be submitted within 30 days.
3. Provider Directories are accessible by calling or visiting the websites listed below. Refer to the ID card for network assignment.

First Dental Health	www.firstdentalheath.com	(800) 334-7244
DenteMax	www.dentemax.com	(800) 752-1547