



Cypress 1000 Premier Plan

Plan Year Deductible Deductible Waived for Preventive Plan Year Maximum <u>Preventive Care</u> -Routine exams & cleanings (once every 6 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) <u>Basic Services</u> -Full-mouth x-rays, (once every 36 months) -Restorative Fillings, recementation of crowns -Simple extractions -Periodontics -Endodontics -Emergency Treatment <u>Major***</u> -Oral Surgery, Surgical Extractions -Crowns, Bridges, Dentures, Inlays/Onlays -Space maintainers (limited to dependent child under 16) <u>Orthodontia****</u> -Dependent children under age 19 only	<u>In Network*</u> \$50 (3x) Yes \$1,000	<u>Out of Network**</u> \$50 (3x) Yes \$1,000
	100%	100%
	90%	80%
	60%	50%
	\$1,500 lifetime	\$1,500 lifetime

- * First Dental Health PPO is utilized in California. Find a Dentist by visiting www.firstdentalhealth.com.
- ** Benefits are paid at the 80th percentile of Reasonable and Customary (R&C), less coinsurance and deductible.
- *** 12 month waiting period from the effective date required for Major Services.
- **** 12 month waiting period from the effective date required for Orthodontia Services.

Services estimated to exceed \$1,000 should be submitted for a Pre-Determination.
 This is a summary plan description only. Refer to the certificate of coverage for a full description of benefits.

Administered by:
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