



# Lakeshore Insurance Services

## Cypress 1500 Premier Plan

**Plan Year Deductible**  
**Deductible Waived for Preventive**  
**Plan Year Maximum**

### Preventive Care

- 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)

### Basic Services

- Full-mouth x-rays, (once every 36 months)
- Restorative Fillings, recementation of crowns
- Simple extractions
- Periodontics
- Endodontics
- Emergency Treatment

### Major\*\*\*

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

### Orthodontia\*\*\*\*

- Dependent children under age 19 only

### In Network\*

\$50 (3x)

Yes

\$1,500

100%

90%

60%

\$1,500  
lifetime

### Out of Network\*\*

\$50 (3x)

Yes

\$1,500

100%

80%

50%

\$1,500  
lifetime

\* First Dental Health PPO is utilized in California. Find a Dentist by visiting [www.firstdentalhealth.com](http://www.firstdentalhealth.com).

\*\* Benefits are paid at the 80<sup>th</sup> 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:**

Cypress Dental Administrators

7510 Shoreline Drive, Suite A-1 • Stockton, CA 95219

[www.cypressadmin.com](http://www.cypressadmin.com) • (800)350-3989 toll free • (209)478-5614 fax • [quotes@cypressadmin.com](mailto:quotes@cypressadmin.com)

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