



<b>DENTAL BENEFIT INFORMATION</b>		
<b>MARIETTA CITY SCHOOLS</b>		
<b>A MEMBER OF THE OASIS TRUST - ADMINISTERED BY TRUSTMARK</b>		
<b>Group Number AS41</b>		
<b>CoreSource Customer Service: (800) 282-3920</b>		
<b>Claim Address: Trustmark</b>		
<b>PO Box 2821 Clinton, IA 52733-2821</b>		
<a href="http://mytrustmarkbenefits.com">mytrustmarkbenefits.com</a>		
<b>For participating providers</b>		
<a href="http://www.novanetdental.com">www.novanetdental.com</a>		
<a href="http://www.aetna.com/asa">www.aetna.com/asa</a>		
<a href="http://www.dentemax.com">www.dentemax.com</a>		
<b>ALL PROVIDERS</b>		
Individual Calendar Year Deductible		\$25
Family Calendar Year Deductible		\$50
<b>Deductible applies to classes II and III</b>		
Class I - Preventive & Diagnostic	Cleanings, exams, fluorides, x-rays, sealants, and space maintainers.	The Plan Pays 100% of Usual & Customary Charges
Class II - Basic Restorative	Amalgam & resin fillings, extractions, root canals, oral surgery, bruxism appliances, crown/denture repair, recement crowns, anesthesia, palliative treatment and periodontics.	The Plan Pays 80% of Usual & Customary Charges
Class III - Major Restorative	bridges, crowns, inlays/onlays and dentures.	60%
Class IV - Orthodontics	Initial study, appliances, full banding, and retention.	60%
Calendar Year Maximum Payable Per Person	Includes Classes I, II, & III	\$2,500
Orthodontic <b>Lifetime</b> Maximum	Includes Class IV	\$1,000
ADULT ORTHO		Yes
BITEWINGS		As needed
EXAMINATIONS		2 in 12 months
FAMILY SECURITY BENEFIT		2 years
FLUORIDE TREATMENTS		As needed
FULL MOUTH X-RAYS/PANOREX		1 in 36 months
IMPLANTS		NOT COVERED
PROPHYLAXIS (CLEANINGS)		2 in 12 months
PROSTHODONTICS		5 year replacement
SPACE MAINTAINERS		As needed to replace primary teeth
SEALANTS		To age 14 only, 1 in 36 months
<b>This is a summary of benefits only and does not represent a contract.</b>		