

DENTAL BENEFIT INFORMATION

Mayfield City School District

A MEMBER OF THE OASIS TRUST - ADMINISTERED BY Trustmark

Group Number AS46

Trustmark Customer Service: (800) 282-3920

Claim Address: Trustmark Health Benefits

PO Box 2821 Clinton, IA 52733-2821

www.mytrustmarkbenefits.com

For participating providers

www.aetna.com/asa

www.novanetdental.com

www.dentemax.com

ALL PROVIDERS

Individual Calendar Year Deductible

\$25

Family Calendar Year Deductible

\$50

Deductible applies to classes II and III services only

Fourth Quarter Deductible Carryover

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	Amalgams, extractions, root canals, oral surgery, bruxism appliances, crown/denture repair, re-cement crowns, palliative treatment, anesthesia and periodontics.	The Plan Pays 80% of Usual & Customary Charges
Class III - Major Restorative	bridges, crowns, inlays/onlays and dentures.	The Plan Pays 80% of Usual & Customary Charges
Class IV - Orthodontics	Initial study, appliances, full banding, and retention.	The Plan Pays 60% of Usual & Customary Charges
Calendar Year Maximum Payable Per Person	Includes Classes I, II, & III	\$3,000
Orthodontic Lifetime Maximum	Includes Class IV	\$1,750

ADULT ORTHO	Yes
BITEWINGS	Class I
EXAMINATIONS	2 per 12 consecutive months
FAMILY SECURITY BENEFIT	2 Years
FLUORIDE TREATMENTS	1 per 12 consecutive months
FULL MOUTH X-RAYS/PANOREX	1 per 36 consecutive months
IMPLANTS	NOT COVERED
PROPHYLAXIS (CLEANINGS)	2 per 12 consecutive months
PROSTHODONTICS	5 Year Replacement Clause
SPACE MAINTAINERS	Class I
SEALANTS	dependent children to age 14

This is a summary of benefits only and does not represent a contract.