



DENTAL BENEFIT INFORMATION		
CHILLICOTHE CITY SCHOOLS		
A MEMBER OF THE OASIS TRUST - ADMINISTERED BY TRUSTMARK		
Group Number AS08		
Trustmark Customer Service: (800) 282-3920		
Claim Address: Trustmark		
PO Box 2821 Clinton, IA 52733-2821		
www.mytrustmarkbenefits.com		
For participating providers		
www.novanetdental.com		
www.aetna.com/asa		
www.dentemax.com		
ALL PROVIDERS		
Individual Calendar Year Deductible		\$25
Family Calendar Year Deductible		\$50
Deductible applies to classes II and III		
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.	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	\$1,500
Orthodontic Lifetime Maximum	Includes Class IV	\$2,000
ADULT ORTHO		Yes
BITEWINGS		No Limit
EXAMINATIONS		2 in 12 consecutive months
FAMILY SECURITY BENEFIT		2 Years
FLUORIDE TREATMENTS		2 per calendar year
FULL MOUTH X-RAYS/PANOREX		1 in 36 consecutive months
IMPLANTS		NOT COVERED
PROPHYLAXIS (CLEANINGS)		2 in 12 consecutive months
PROSTHODONTICS		5 year replacement
SPACE MAINTAINERS		As need to replace primary teeth to age 16
SEALANTS		1 in 36 consecutive months to age 16
This is a summary of benefits only and does not represent a contract.		