

DENTAL BENEFIT INFORMATION		
SOUTHERN LOCAL SCHOOLS		
A MEMBER OF THE OASIS TRUST - ADMINISTERED BY TRUSTMARK		
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
Class I - Preventive & Diagnostic	Cleanings, exams, fluorides, x-rays, sealants, palliative treatment, and space maintainers.	The Plan Pays 100% of Usual & Customary Charges
Class II - Basic Restorative	Amalgams, extractions, root canals, oral surgery, crown/denture repair, re-cement crowns, anesthesia and periodontics.	The Plan Pays 80% of Usual & Customary Charges
Class III - Major Restorative	bridges, crowns, inlays/onlays and dentures.	The Plan Pays 50% of Usual & Customary Charges
Class IV - Orthodontics	Initial study, appliances, full banding, and retention.	The Plan Pays 50% of Usual & Customary Charges
Calendar Year Maximum Payable Per Person	Includes Classes I, II, & III	\$1,000
Orthodontic Lifetime Maximum	Includes Class IV	\$750
BITEWINGS	Class I	
EXAMINATIONS	2 per calendar year	
FAMILY SECURITY BENEFIT	2 Years	
FLUORIDE TREATMENTS	1 per calendar year	
FULL MOUTH X-RAYS/PANOREX	1 per 36 consecutive months	
IMPLANTS	Not Covered	
IMPACTED TEETH	Covered	
PROPHYLAXIS (CLEANINGS)	2 per calendar year	
PROSTHODONTICS	5 Year Replacement Clause	
SEALANTS	Class I, under age 14 - unrestored permanent molars, once per tooth	
SPACE MAINTAINERS	As needed	
This is a summary of benefits only and does not represent a contract.		