

DENTAL BENEFIT INFORMATION		
PERRY LOCAL		
A MEMBER OF THE OASIS TRUST - ADMINISTERED BY TRUSTMARK		
Group Number AS64		
Trustmark Customer Service: (800) 282-3920		
Claim Address: Trustmark		
PO Box 2821 Clinton, IA 52733-2821		
<a href="http://www.mytrustmarkbenefits.com">www.mytrustmarkbenefits.com</a>		
For participating providers		
<a href="http://www.aetna.com/asa">www.aetna.com/asa</a>		
<a href="http://www.novanetdental.com">www.novanetdental.com</a>		
<a href="http://www.dentemax.com">www.dentemax.com</a>		
ALL PROVIDERS		
Individual Calendar Year Deductible	NONE	
Family Calendar Year Deductible	NONE	
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.	50%
Class IV - Orthodontics	Initial study, appliances, full banding, and retention.	50%
Calendar Year Maximum Payable Per Person	Includes Classes I, II, & III	\$1,500
Orthodontic <b>Lifetime</b> Maximum	Includes Class IV	\$1,500
ADULT ORTHO	Yes	
BITEWINGS	As needed	
EXAMINATIONS	2 in 12 months	
FAMILY SECURITY BENEFIT	2 years	
FLUORIDE TREATMENTS	1 in 12 months	
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	
This is a summary of benefits only and does not represent a contract.		