

**DENTAL BENEFIT INFORMATION**

**SHELBY CITY SCHOOLS**

**A MEMBER OF THE OASIS TRUST - ADMINISTERED BY CORESOURCE**

Group Number AS67

CoreSource Customer Service: (800) 282-3920

Claim Address: CoreSource

PO Box 2821 Clinton, IA 52733-2821

[www.mycourcesource.com](http://www.mycourcesource.com)

For participating providers

[www.aetna.com/asa](http://www.aetna.com/asa)

[www.novanet.com](http://www.novanet.com)

[www.dentemax.com](http://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.	60%
Class IV - Orthodontics	Initial study, appliances, full banding, and retention.	60%
Calendar Year Maximum Payable Per Person	Includes Classes I, II, & III	\$2,000
Orthodontic <b>Lifetime</b> Maximum	Includes Class IV	\$2,000

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.