



DENTAL BENEFIT INFORMATION

GALLIPOLIS CITY SCHOOLS

A MEMBER OF THE OASIS TRUST - ADMINISTERED BY CORESOURCE

CoreSource Customer Service: (800) 282-3920

Claim Address: CoreSource

PO Box 2821 Clinton, IA 52733-2821

www.coresource.com

For participating providers

www.aetna.com/asa

www.novanetdental.com

www.dentemax.com

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, bruxism appliances, crown/denture repair, re-cement crowns, anesthesia, and periodontics.	The Plan Pays 80% of Usual & Customary Charges
Class III - Major Restorative	Inlay/onlay, bridges, crowns, and dentures.	The Plan Pays 60% 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	\$1,000
ADULT ORTHO		Yes
BITEWINGS		1 series of films per year
EXAMINATIONS		2 per calendar year
FAMILY SECURITY BENEFIT		2 Years
FLUORIDE TREATMENTS		2 per calendar year to age 16
FULL MOUTH X-RAYS/PANOREX		1 per 36 months
IMPLANTS		NOT COVERED
MISSING TOOTH CLAUSE		No
PROPHYLAXIS (CLEANINGS)		2 per calendar year
PROSTHODONTICS		5 Year Replacement Clause
SCALING/ROOT PLANING		Class II - 1 per 24 months
SEALANTS		Class I - to age 16 only; 1 every 5 years
SPACE MAINTAINERS		Class I - to age 16 only; 1 per lifetime
This is a summary of benefits only and does not represent a contract.		