

DENTAL BENEFIT INFORMATION		
MAYFIELD CITY SCHOOL DISTRICT		
A MEMBER OF THE OASIS TRUST - ADMINISTERED BY CORESOURCE		
CoreSource Customer Service: (800) 282-3920		
Claim Address: CoreSource		
PO Box 279 Sheldon, IA 51201-0279		
For participating providers call: Dentemax (800) 752-1547		
www.coresource.com		
ALL PROVIDERS		
Individual Calendar Year Deductible		\$25
Family Calendar Year Deductible		\$50
Deductible applies to classes II and III services only		
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 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	\$3,000
Orthodontic Lifetime Maximum	Includes Class IV	\$1,750
ADULT ORTHO		Yes
BITEWINGS		Class I
EXAMINATIONS		2 per 12 months
FAMILY SECURITY BENEFIT		2 Years
FLUORIDE TREATMENTS		1 per 12 months
FULL MOUTH X-RAYS/PANOREX		1 per 36 months
IMPLANTS		NOT COVERED
PROPHYLAXIS (CLEANINGS)		2 per 12 months
PROSTHODONTICS		5 Year Replacement Clause
SCALING/ROOT PLANING		Class II - 1 per 24 months
SEALANTS		to age 14 only
SPACE MAINTAINERS		Class I
This is a summary of benefits only and does not represent a contract.		