

TRUSTMARK INSURANCE COMPANY
Diocese of Spokane
Dental Benefit Summary ~ April 1, 2011

Deductibles:	
Type I – Preventive Services	\$0
Type II - Basic Services Type III - Major Services, on a combined basis	\$25
Family Maximum Deductible:	
	\$75
Dental Covered Percent:	
Type I – Preventive Services	100% *
Type II – Basic Services	80% *
Type III – Major Services	50% *
Annual Dental Maximum:	
Type I – Preventive Services	None
Type II - Basic Services Type III - Major Services, on a combined basis	\$1,000

This is a summary of your benefits. It is intended for informational purposes only. Any statement that conflicts with the contract is void. Only Eligible Claims are covered.

* Subject to reasonable and customary charges.