San Antonio Independent School District Dental Plan Benefits

**Benefit Summary**

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Services – Cleanings, X-rays and Oral examinations</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Services – Fillings, Routine Extractions, Oral Surgery, Periodontics, Endodontics (Root Canals)</td>
<td>80% after you meet the Annual Deductible</td>
<td>80% after you meet the Annual Deductible</td>
</tr>
<tr>
<td>Major Services – Bridges, Crowns, Implants, Inlays and Dentures</td>
<td>50% after you meet the Annual Deductible</td>
<td>50% after you meet the Annual Deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deductible (Calendar Year)</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Family</td>
<td>$150</td>
<td>$150</td>
</tr>
</tbody>
</table>

**Annual Maximum Benefit**

- Per Person: $1,500

**Orthodontia**

50% after you meet the $50 lifetime deductible
*Cover children to age 20*

| Lifetime Maximum (Per Person) | $1,500 (after deductible) |

**Monthly Rates:**

<table>
<thead>
<tr>
<th>Eligibility Options</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee + Child (ren)</td>
<td>$32.97</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$23.45</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$47.73</td>
</tr>
</tbody>
</table>
### Aetna Dental Plan

#### Individual Annual Calendar Year Deductible
- **Family Annual Calendar Year Deductible**
  - **Maximum** (the sum of all Network and Non-Network benefits will not exceed annual maximum)
  - **Family** Individual: $150, Family: $150, Annual: $0, Lifetime: $0

#### New enrollee’s waiting period:
- No
- Annual deductible and annual maximum benefit applies to preventive and diagnostic services: No
- Annual deductible applies to orthodontic services: No
- Orthodontic eligibility requirement: Child (up to age 20)

#### Diagnostic Services
- **Periodic Oral Evaluation:** 100% 100% Limited to 2 times per consecutive 12 months.
- **Radiographs:** 100% 100% Bite-wing: Limited to 1 series of films per Calendar Year. Complete/Panorex: Limited to 1 time per consecutive 36 months.
- **Lab and Other Diagnostic Tests:** 100% 100%

#### Preventive Services
- **Prophylaxis/Cleanings:** 100% 100% Limited to 2 times per consecutive 12 months.
- **Fluoride Treatment (Preventive):** 100% 100% Limited to Covered Persons under the age of 19 years, and limited to 2 times per consecutive 12 months.
- **Sealants:** 100% 100% Limited to Covered Persons under the age of 14 years and once per first or second permanent molar every consecutive 36 months.
- **Space Maintainers:** 100% 100% For Covered Persons under the age of 19 years, limited to 1 per consecutive 60 months.

#### Basic Services
- **Restorations (Amalgam or Anterior Composite):** 80% 80% Multiple restorations on one surface will be treated as a single filling.
- **Emergency Treatment / General Services:** 80% 80% Palliative Treatment: Covered as a separate benefit only if no other service was done during the visit other than X-rays. General Anesthesia: When clinically necessary.
- **Simple Extractions:** 80% 80% Limited to 1 time per tooth per lifetime.
- **Oral Surgery (includes surgical extractions):** 80% 80% Perio Surgery: Limited to 1 quadrant or site per consecutive 36 months per surgical area. Scaling and Root Planing: Limited to 1 time per quadrant per consecutive 24 months. Periodontal Maintenance: Limited to 2 times per consecutive 12 months following active and adjunctive periodontal therapy, exclusive of gross debridement.
- **Periodontics:** 80% 80%
- **Endodontics:** 80% 80% Root Canal Therapy: Limited to 1 time per tooth per lifetime.

#### Major Services
- **Inlays/Onlays/Crowns:** 50% 50% Limited to 1 time per tooth per consecutive 60 months.
- **Dentures and other Removable Prosthetics:** 50% 50% Full Denture/Partial Denture: Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments.
- **Fixed Partial Dentures (Bridges):** 50% 50% Once per tooth per consecutive 60 months.
- **Implants:** 50% 50%

#### Orthodontic Services
- **Diagnose or correct misalignment of the teeth or bite:** $1500 Lifetime $1500 Lifetime Up to the Age of 20+ $0 Deductible
## Freedom to choose any dentist

**Aetna Dental® PPO Plan**

### In network or out — it’s your choice

<table>
<thead>
<tr>
<th>Your options</th>
<th>Pick your dentist</th>
<th>How it works</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In the network</strong></td>
<td>Visit a dentist from the Aetna Dental PPO® network.</td>
<td>• Network dentists offer special rates for covered services. So your share of the cost is usually lower.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Network dentists file claims for you.</td>
</tr>
<tr>
<td><strong>Out of network</strong></td>
<td>Go to any licensed dentist outside the network.</td>
<td>• You may pay more when you get care from dentists who aren’t in the network.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• You may have to file your own claims.</td>
</tr>
</tbody>
</table>

*In Texas, the preferred provider organization (PPO) plan is known as the Participating Dental Network (PDN).**

**Out-of-network benefits are paid based on usual and prevailing charges or recognized charge levels, as determined by Aetna and specified in your plan documents.
Choosing your dental insurance plan

See if your dentist is in the network
You may want to make sure your dentist is in our network. Use our online directory at www.aetna.com to search.

Check for your costs
Dental plans are all different. So you won’t see your cost information here. Instead, check your benefits summary to find your share of the costs.

This may include your:

Deductible — the dollar amount some plans require you to pay for services before coverage begins.

Coinsurance — the percent of health care expenses you pay after your deductible. Your health plan pays the rest. For instance, you pay 20 percent, and your plan pays 80 percent.

Plus, your dental plan may have yearly and lifetime limits on coverage. And there may be age and frequency limits on some services.

Extra online help

Get your information
When you’re an Aetna member, you get tools and resources to help you manage your dental health and your benefits. All of your plan information and cost-saving tools are in one place — your secure member website. Sign up today at www.aetna.com.

Find what you need — wherever, whenever

The Aetna Mobile app puts our most popular online features at your fingertips. It’s available for Android™ and iPhone® mobile devices.

Visit www.aetna.com/mobile.

For a brighter, healthier smile

Check out our dental articles on the iTriage® app and website. You’ll find topics ranging from bad breath to gum disease, from baby teeth to dentures. It’s all reviewed by the faculty of the Columbia University College of Dental Medicine.


Sign up today for the dental plan that lets you visit any licensed dentist — in or out of the network.

Dental PPO insurance plans are underwritten and/or administered by Aetna Life Insurance Company (Aetna).

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iTriage is a free mobile app from Aetna. Information on iTriage is general in nature and is not intended and should not be used to replace the advice of a health care professional. Network provider information may be limited.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Dental insurance plans contain exclusions and limitations. Not all dental services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and/or group size and are subject to change. Dental providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to dental services. Dental information programs provide general dental information and are not a substitute for diagnosis or treatment by a dentist or other dental care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Colorado: This policy DOES NOT include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a stand-alone plan, or as a covered benefit in another health plan. Please contact your insurance carrier, agent or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an Exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

Policy forms issued in Idaho and Oklahoma include: GR-9/GR-9N, GR-23 and/or GR-29/GR-29N.