

## City of San Antonio

Choices  Wonthly Rates	RED*	RED PLUS	WHITE**	BLUE
Monthly Rates	KLD	KLD FLU3		
•		10.00	With Ortho	With Ortho
mployee Only	\$5.00	<b>\$8</b> .95	<b>\$24.</b> 95	\$38.22
mployee + Spouse	\$8.00	<b>\$18</b> .95	<b>\$48</b> .95	\$76.43
mployee + Child(ren)	\$8.00	\$21.95	<b>\$54</b> .9 <b>5</b>	\$85.29
mployee + Family	\$12.00	<b>\$28</b> .95	\$ <b>84</b> .95	\$135.62
	A Managed Cost Dental & Vision Benefit Program	A Limited Reimbursement Program	A Comprehensive Reimbursement Program	Traditional Dental Insurance
Calendar Year Deductible:	No Deductible	No Deductible	\$50/\$150 ( Basic & Major )	\$50/\$150 ( Basic & Major )
alendar Year Max Benefit:	No Maximum	No Maximum	\$1,500	\$1,000
eimbursement %	N/A	100% Class I - 2/yr	100%***	90th Percentile
REVENTIVE SERVICES - CLASS I	IV/A	100% Class 1 - 27 yi	10076	70ti i el Certille
/aiting Period	None	None	None	None
0				None
outine Exams	No Charge	No Charge	No Charge In-Network	
leaning	See Reduced Fee	100%*** of the	100%*** of the	
-rays Complete Series	Schedule	Reimbursement Schedule  QCD General Dentist Only	Reimbursement Schedule	
uoride Treatment	(Approximately 50%	QCD General Dennist Only	QCD General Dentist Only	100% of UCD
uonde irealmeni	Savings)	See Reduced Fee	See Reimbursement Schedule for	100% of UCR
ealants	Javings)	Schedule	Out-of-Network Benefits	
pace Maintainers	I	(Approx. 50% Savings)	Out-of-Network Berlefits	
ASIC SERVICES - CLASS II				
/aiting Period	None	None	None	3 Months
xtractions	None	None	100%*** of the	o Months
	1			
llings	See Reduced Fee	See Reduced Fee	Reimbursement Schedule	
	Schedule	Schedule	QCD General Dentist Only	000/ 51100
	(Approximately 50%	(Approximately 50%	Con Delastronoment Catanatata San	80% of UCR
	Savings)	Savings)	See Reimbursement Schedule for	
	İ		Out-of-Network Benefits	
44 100 050 (1050 OL 400 III				
MAJOR SERVICES - CLASS III Vaiting Period	None	None	None	12 Months
Crowns	None	None		12 1/10/10/1
ridges	1		100%*** of the	
nlays/onlays			Reimbursement Schedule	
Dentures	See Reduced Fee	See Reduced Fee	QCD General Dentist Only	
ndo/Perio	Schedule	Schedule	Coo Deimele vecene est Cole est de for	50% of UCR
Huo/Fello	(Approximately 50%	(Approximately 50%	See Reimbursement Schedule for	
Oral Surgery	(aprings)	(covings)		
	Savings)	Savings)	Out-of-Network Benefits	
Oral Surgery	Savings)	Savings)	Out-or-Network Benefits	
Oral Surgery  ORTHODONTIA				
Oral Surgery  ORTHODONTIA  Vaiting Period	Savings)  None	Savings)  None	None	12 Months
PRTHODONTIA Vaiting Period			None Life Max \$1,000	<b>12 Months</b> Life Max \$1,000
PRTHODONTIA Vaiting Period fetime Maximum	None	None	None	
oral Surgery  ORTHODONTIA	None None	None None	None Life Max \$1,000 Children & Adult	Life Max \$1,000
ORTHODONTIA Vaiting Period fetime Maximum Coverage	None None	None None	None Life Max \$1,000	Life Max \$1,000
ORTHODONTIA Vaiting Period fetime Maximum Coverage	None None Children & Adults	None None Children & Adults	None Life Max \$1,000 Children & Adult	Life Max \$1,000 Children Only
PRTHODONTIA Valting Period fetime Maximum overage	None None Children & Adults Household Coverage	None None Children & Adults  Benefit Level of a DHMO	None Life Max \$1,000 Children & Adult  No Frequency Limitations	Life Max \$1,000 Children Only
ORTHODONTIA  Vaiting Period fetime Maximum COVERAGE PECIAL PROGRAM FEATURES	None None Children & Adults  Household Coverage No Age or Relationship Restrictions	None None Children & Adults  Benefit Level of a DHMO without the Operational Problems	None  Life Max \$1,000  Children & Adult  No Frequency Limitations  No Waiting Periods	Life Max \$1,000 Children Only
Oral Surgery  ORTHODONTIA  Vaiting Period  fetime Maximum  COVERAGE  PECIAL PROGRAM FEATURES  OCD Clear Vision Discount Prog	None None Children & Adults  Household Coverage No Age or Relationship Restrictions  ram (Included In All Deni	None None Children & Adults  Benefit Level of a DHMO without the Operational Problems  al Plans)	None Life Max \$1,000 Children & Adult  No Frequency Limitations No Waiting Periods	Life Max \$1,000 Children Only
PRIHODONTIA Vaiting Period fetime Maximum Loverage PECIAL PROGRAM FEATURES  ACCORD Clear Vision Discount Progreye Examination	None None Children & Adults  Household Coverage No Age or Relationship Restrictions	None None Children & Adults  Benefit Level of a DHMO without the Operational Problems  al Plans)	None Life Max \$1,000 Children & Adult  No Frequency Limitations No Waiting Periods	Life Max \$1,000 Children Only
RTHODONTIA  /aiting Period fetime Maximum overage PECIAL PROGRAM FEATURES  PICD Clear Vision Discount Progree Examination ontact Lens Examination	None None Children & Adults  Household Coverage No Age or Relationship Restrictions  ram (Included In All Den) Spectacle Lenses (Uncoated	None None Children & Adults  Benefit Level of a DHMO without the Operational Problems  al Plans)	None Life Max \$1,000 Children & Adult  No Frequency Limitations No Waiting Periods	Life Max \$1,000 Children Only
RTHODONTIA /aiting Period fetime Maximum overage PECIAL PROGRAM FEATURES  PEC SECURITY PROGRAM FEATURES  PEC SECURITY PROGRAM FEATURES  PEC D Clear Vision Discount Progree Examination ontact Lens Examination 5% discount off Usual & Customary	None None Children & Adults  Household Coverage No Age or Relationship Restrictions  ram (Included In All Deni Spectacle Lenses (Uncoated Single \$35.00	None None Children & Adults  Benefit Level of a DHMO without the Operational Problems  al Plans)	None Life Max \$1,000 Children & Adult  No Frequency Limitations No Waiting Periods	Life Max \$1,000 Children Only
RIHODONTIA  aiting Period  retime Maximum overage  PECIAL PROGRAM FEATURES  CD Clear Vision Discount Progree Examination ontact Lens Examination % discount off Usual & Customary % discount off Usual & Customary	None None Children & Adults  Household Coverage No Age or Relationship Restrictions  ram (Included In All Deni Spectacle Lenses (Uncoated Single \$35.00 Bifocal \$55.00	None None Children & Adults  Benefit Level of a DHMO without the Operational Problems  al Plans)	None Life Max \$1,000 Children & Adult  No Frequency Limitations No Waiting Periods	Life Max \$1,000 Children Only
RTHODONTIA //aiting Period fetime Maximum overage PECIAL PROGRAM FEATURES  PECIAL PROGRAM FEATUR	None None Children & Adults  Household Coverage No Age or Relationship Restrictions  ram (included in All Den) Spectacle Lenses (Uncoated Single \$35.00 Bifocal \$55.00 Trifocal \$65.00	None None Children & Adults  Benefit Level of a DHMO without the Operational Problems  al Plans)	None Life Max \$1,000 Children & Adult  No Frequency Limitations No Waiting Periods	Life Max \$1,000 Children Only
PRITHODONTIA  //aiting Period fetime Maximum overage PECIAL PROGRAM FEATURES  PECIAL PROGRAM FEATURES  PECIAL PROGRAM FEATURES  PECIAL PROGRAM FEATURES  ORDER Examination ontact Lens Examination off Usual & Customary off Usual & Customary ame iced up to \$70 Retail = \$40.00	None None Children & Adults  Household Coverage No Age or Relationship Restrictions  ram (Included In All Dent Spectacle Lenses (Uncoated Single \$35.00 Bifocal \$55.00 Trifocal \$65.00 Lenicular \$110.00 Conventional	None None Children & Adults  Benefit Level of a DHMO without the Operational Problems  al Plans)  I Plastic)	None Life Max \$1,000 Children & Adult  No Frequency Limitations No Waiting Periods	Life Max \$1,000 Children Only
PRITHODONTIA  //aiting Period fetime Maximum overage PECIAL PROGRAM FEATURES  PECIAL PROGRAM FEATURES  PECIAL PROGRAM FEATURES  OR Examination ontact Lens Examination fow discount off Usual & Customary fow discount off Usual & Customary ame inced up to \$70 Retail = \$40.00 inced over \$70 Retail = \$40.00	None None Children & Adults  Household Coverage No Age or Relationship Restrictions  ram (Included In All Den) Spectacle Lenses (Uncoated Single \$35.00 Bifocal \$55.00 Trifocal \$65.00 Lenicular \$110.00 Conventional 20% off Provider's Usual & Cu	None None Children & Adults  Benefit Level of a DHMO without the Operational Problems  al Plans) I Plastic)	None Life Max \$1,000 Children & Adult  No Frequency Limitations No Waiting Periods	Life Max \$1,000 Children Only
ORTHODONTIA  Jaiting Period fetime Maximum Coverage PECIAL PROGRAM FEATURES  PECIAL PROGRAM FEATURES  PECIAL PROGRAM FEATURES  OCCUPATION OF THE PROGRAM OF	None None Children & Adults  Household Coverage No Age or Relationship Restrictions  ram (Included In All Dent Spectacle Lenses (Uncoated Single \$35.00 Bifocal \$55.00 Trifocal \$65.00 Lenicular \$110.00 Conventional 20% off Provider's Usual & Cu Disposable/Planned Replace	None None Children & Adults  Benefit Level of a DHMO without the Operational Problems tal Plans) I Plastic)	None Life Max \$1,000 Children & Adult  No Frequency Limitations No Waiting Periods	Life Max \$1,000 Children Only
ORTHODONTIA  //aiting Period fetime Maximum  Coverage  PECIAL PROGRAM FEATURES  DCD Clear Vision Discount Prog ye Examination ontact Lens Examination 5% discount off Usual & Customary 5% discount off Usual & Customary ame riced up to \$70 Retail = \$40.00 riced over \$70 Retail = \$40.00 0% off the amount over \$70.00	None None Children & Adults  Household Coverage No Age or Relationship Restrictions  ram (Included In All Den) Spectacle Lenses (Uncoated Single \$35.00 Bifocal \$55.00 Trifocal \$65.00 Lenicular \$110.00 Conventional 20% off Provider's Usual & Cu Disposable/Planned Replace 10% off Provider's Usual & Cu	None None Children & Adults  Benefit Level of a DHMO without the Operational Problems  al Plans) I Plastic)	None Life Max \$1,000 Children & Adult  No Frequency Limitations No Waiting Periods Brand New Ortho Maximum	Life Max \$1,000 Children Only Use Any Dentist
PECIAL PROGRAM FEATURES  PECIAL PROGRAM FEATUR	None None Children & Adults  Household Coverage No Age or Relationship Restrictions  ram (Included In All Den) Spectacle Lenses (Uncoated Single \$35.00 Bifocal \$55.00 Trifocal \$65.00 Lenicular \$110.00 Conventional 20% off Provider's Usual & Cu Disposable/Planned Replace 10% off Provider's Usual & Cu a managed cost dental and visual and conventional	None None Children & Adults  Benefit Level of a DHMO without the Operational Problems  Ial Plans) I Plastic)  stomary ement stomary sion benefit program. The members	None Life Max \$1,000 Children & Adult  No Frequency Limitations No Waiting Periods Brand New Ortho Maximum	Life Max \$1,000 Children Only Use Any Dentist
PRETHODONTIA  //aiting Period fetime Maximum  DOCD Clear Vision Discount Progree PECIAL PROGRAM FEATURES  PECIAL PROGRAM FEATURES  PECIAL PROGRAM FEATURES  DOCD Clear Vision Discount Progree PECIAL PROGRAM FEATURES  DOCD CLEAR VISION DISCOUNT PROGRAM  PECIAL PROGRAM FEATURES  DOCT CLEAR VISION DISCOUNT PROGRAM  PECIAL PROGRAM FEATURES  PECIAL PROGRAM FEATURES  PECIAL PROGRAM FEATURES  PECIAL PROGRAM	None None Children & Adults  Household Coverage No Age or Relationship Restrictions  ram (Included In All Den) Spectacle Lenses (Uncoated Single \$35.00 Bifocal \$55.00 Trifocal \$65.00 Lenicular \$110.00 Conventional 20% off Provider's Usual & Cu Disposable/Planned Replace 10% off Provider's Usual & Cu a managed cost dental and visoverage on RED Only includes	None None Children & Adults  Benefit Level of a DHMO without the Operational Problems  al Plans) I Plastic)  stomary ement stomary sion benefit program. The member everyone in the household regard	None  Life Max \$1,000 Children & Adult  No Frequency Limitations No Waiting Periods Brand New Ortho Maximum  er pays at time of service according to the QCD states of age or relationship.	Life Max \$1,000 Children Only  Use Any Dentist  Schedule of Program Fees (Approximate
RIHODONTIA  Taiting Period  Teitime Maximum  Toverage  TECIAL PROGRAM FEATURES  TECIAL PROGRAM F	None None Children & Adults  Household Coverage No Age or Relationship Restrictions  ram (Included In All Den) Spectacle Lenses (Uncoated Single \$35.00 Bifocal \$55.00 Trifocal \$65.00 Lenicular \$110.00 Conventional 20% off Provider's Usual & Cu Disposable/Planned Replace 10% off Provider's Usual & Cu a managed cost dental and visoverage on RED Only includes WHITE" Program - Member pays	None None Children & Adults  Benefit Level of a DHMO without the Operational Problems  I Plans) I Plastic)  stomary ement stomary sion benefit program. The membe everyone in the household regard a OCD provider at time of service	None Life Max \$1,000 Children & Adult  No Frequency Limitations No Waiting Periods Brand New Ortho Maximum  er pays at time of service according to the QCD siless of age or relationship.	Life Max \$1,000 Children Only  Use Any Dentist  Schedule of Program Fees (Approximate label)
ral Surgery  RIHODONTIA  aiting Period  etime Maximum  overage  ECIAL PROGRAM FEATURES  CD Clear Vision Discount Prog  e Examination ontact Lens Examination % discount off Usual & Customary % discount off Usual & Customary ame  ced up to \$70 Retail = \$40.00  ced over \$70 Retail = \$40.00  % off the amount over \$70.00  *  QCD "RED" Program is a 50% Savings). Family c	None None Children & Adults  Household Coverage No Age or Relationship Restrictions  ram (Included In All Den) Spectacle Lenses (Uncoated Single \$35.00 Bifocal \$55.00 Trifocal \$65.00 Lenicular \$110.00 Conventional 20% off Provider's Usual & Cu Disposable/Planned Replace 10% off Provider's Usual & Cu a managed cost dental and visoverage on RED Only includes WHITE" Program - Member pays	None None Children & Adults  Benefit Level of a DHMO without the Operational Problems  I Plans) I Plastic)  stomary ement stomary sion benefit program. The membe everyone in the household regard a OCD provider at time of service	None  Life Max \$1,000 Children & Adult  No Frequency Limitations No Waiting Periods Brand New Ortho Maximum  er pays at time of service according to the QCD states of age or relationship.	Life Max \$1,000 Children Only  Use Any Dentist  Schedule of Program Fees (Approximate label)
RIHODONTIA  aiting Period etime Maximum overage ECIAL PROGRAM FEATURES  CD Clear Vision Discount Prog e Examination % discount off Usual & Customary % discount off Usual & Customary ame ced up to \$70 Retail = \$40.00 ced over \$70 Retail = \$40.00 % off the amount over \$70.00  **  QCD "RED" Program is 50% Savings). Family c  **  QCD "RED PLUS" and "V reimbursement - Claims	None None Children & Adults  Household Coverage No Age or Relationship Restrictions  ram (Included In All Den) Spectacle Lenses (Uncoated Single \$35.00 Bifocal \$55.00 Trifocal \$65.00 Lenicular \$110.00 Conventional 20% off Provider's Usual & Cu Disposable/Planned Replace 10% off Provider's Usual & Cu a managed cost dental and visoverage on RED Only includes WHITE" Program - Member pays s paid in approximately 6-10 bu	None None Children & Adults  Benefit Level of a DHMO without the Operational Problems  I Plastic)  stomary ement stomary sion benefit program. The membe everyone in the household regard a OCD provider at time of service siness days. Out-of-Network insura	None Life Max \$1,000 Children & Adult  No Frequency Limitations No Waiting Periods Brand New Ortho Maximum  er pays at time of service according to the QCD siless of age or relationship.	Life Max \$1,000 Children Only  Use Any Dentist  Schedule of Program Fees (Approximate Ibmits a copy of the paid receipt for represent approximately 50% coverage