

SDC's Features and Highlights

No waiting periods

Covered services may be considered for benefit as soon as you come onto the plan.

No missing tooth provision

Covers services for replacement of missing teeth.

Online Dentist Directory

Visit www.superiordental.com and click on the "Find A Dentist" icon.

Member Services hours

7:30-5:00 Monday through Friday.

Largest Regional Network of Dentists and Specialists

Each year SDC adds hundreds of dentists and specialists to our network. With this vast selection, you're sure to find one close to home, work or school.

Dental Benefit List of Covered Services:

PREVENTIVE SERVICES

Oral Evaluations

two per contract period

Prophylaxis (cleaning)

two per contract period

Topical Application of Fluoride

one treatment per contract period for children under age 15

Bitewing X-rays

up to four Bitewings per contract period

Full Mouth X-rays or Panoramic Survey

once in five years

Intraoral Periapical X-rays

three per contract period

Minor Emergency Treatment

for the relief of pain, bleeding or swelling, but not the cure of the disease

Sealants (Posterior permanent teeth only)

once per lifetime per tooth for children under age 15

Space Maintainers

once per lifetime per area for children under age 19

BASIC SERVICES

Specialist Examinations

once per contract period for endodontics, periodontics, or oral surgery

Oral Surgery (Includes local anesthesia and routine postoperative care.)

Extractions (Not to include pre-orthodontic).

Removal of Periapical and Follicular Cysts

Intraoral Incision and Drainage

Exposure of Tooth to Aid Eruption

Frenectomy

General Anesthesia or IV Sedation - when provided in connection with oral surgery (excluding simple extractions)

Restorative (Includes local anesthesia)

Restorations (amalgam and composite) - to restore teeth damaged by decay or traumatic injury.

once in three years per surface

Sedative Filling

once in three years per tooth

Pins

once in three years per tooth

Prefabricated Crowns

replaceable after three years in existence

Recementation (onlays, crowns and bridges)

once in two years

Repairs (Includes repairs to crowns, bridges, and complete or partial dentures.)

once in two years

Brush Biopsy

MAJOR SERVICES

Periodontics/Surgical Periodontics (Includes local anesthesia and postoperative care.)

Periodontal Scaling and Root Planing

each quadrant once in two years

Periodontal Maintenance (root planing followed by osseous surgery is a single course of treatment)

eligible twice within two years during a course of full mouth periodontal treatment

Complete Occlusal Adjustment

once in two years following periodontal surgery

Gingivectomy

each quadrant/area once in two years

Gingival Grafts

each quadrant/area once in two years

Osseous Surgery

each quadrant/area once in two years

Endodontics (Includes local anesthesia, x-rays and routine postoperative care.)

Root Canal Treatment

once in three years per tooth

Surgical Endodontics

once per lifetime per tooth

MAJOR SERVICES continued

Oral Surgery

Alveoplasty, Vestibuloplasty

once in eight years

Removal of Exostosis or Tori

Prosthodontics

Bridge Abutments (See Crowns and Onlays)

replaceable after eight years in existence

Pontics (See Crowns and Onlays)

replaceable after eight years in existence

Removable Partial Dentures

replaceable after eight years in existence

Complete Dentures

replaceable after eight years in existence

Rebasing

replaceable after eight years in existence

Relining

once in three years

Crowns and Onlays (Treatment for decay or traumatic injury and when teeth cannot be restored with a filling material or when the tooth is an abutment. Applies interchangeably to onlays, crowns, abutments, and pontics for the same tooth.)

Crowns

once in eight years on the same tooth and replaceable after eight years in existence

Onlays

once in eight years on the same tooth and replaceable after eight years in existence

Post and Core

once in eight years on the same tooth and replaceable after eight years in existence

Implants

once per lifetime per tooth

Surgical placement of implant

Implant supported prosthetics

Repair of an implant

Removal of an implant

Exclusions

The following items are not covered under SDC dental plans unless your plan indicates otherwise on the reverse side of this document.

1. Services performed for cosmetic reasons, including personalization or characterization of dentures
2. Services or supplies that are considered experimental according to standard dental practice
3. Services or procedures started prior to the effective date of coverage. Prosthetic devices and crowns will not be covered if impressions are taken before the effective date of coverage
4. Services or procedures completed after the date of termination, unless stated elsewhere in this certificate
5. Missed appointment charge
6. Replacement of lost or stolen prosthetic devices unless it is after the limitation date
7. Analgesics or other drugs and prescriptions
8. Hospital related charges
9. Appliances or restorations, other than full dentures, for the primary purpose of increasing vertical dimension or restoring occlusion
10. Any restoration done for reasons of erosion, abrasion, and/or wear
11. Veneers
12. Inlays and related services
13. Crown lengthening
14. Services for educational purposes
15. Splinting
16. Services covered under Workers Compensation, Federal or State agencies
17. Services performed by other than a licensed dentist, except for legally delegated services to a licensed dental hygienist or licensed expanded functions auxiliary
18. Surgery, treatment and x-rays for Craniomandibular disorders (TMJ)
19. Orthognathic surgery
20. Crowns or Onlays for teeth where there is no opposing tooth
21. Laboratory charges
22. Services performed on a tooth with poor prognosis
23. Coverage for permanent crowns and prosthetics for members under the age of 17
24. Services performed for which no payment would normally be required
25. Temporary/Provisional Services
26. Pre-Orthodontic extractions; but, only when the selected plan includes no orthodontic benefits.
27. Implants and related services
28. Appliances or devices such as occlusal guards, bite planes, tongue thrust, etc. used for the primary purpose of correcting harmful habits such as: grinding or clenching of teeth, tongue thrust, or thumb sucking, etc.

General SDC Information

Warning: If you or your family members are covered by more than one healthcare plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

© October 2013
Sealants & Space Maintainers in Preventive, Brush Biopsy in Basic, Endo & Implants in Major

Pre-determination of Benefits

Pre-determination of Benefits is necessary if services are for \$400.00 or more or for periodontal services. Alternate benefits may be received when there is more than one acceptable course of treatment. In this situation, SDC will provide benefits based on the least expensive, professionally accepted treatment. If you and your dentist choose a more expensive treatment, the additional cost will be your responsibility. All services are subject to the policies and procedures of SDC.

Coordination of Benefits

SDC coordinates benefits with other carriers and with other SDC plans. SDC follows the rules established by state law for Coordination of Benefits to decide which plan pays first. SDC's payment is based on the type of plan and the amount the other plan has benefited. The objective is to make sure the combined payments of all plans are no more than your actual bills. The birthday rule applies for covered dependents – whichever parent's birthday comes first in the calendar year is considered the primary carrier. If a divorce has occurred, the plan follows the divorce decree.

Coinsurance

Coinsurance is the out-of-pocket expenses that are directly payable by an Enrolled Member to the dentist. The Coinsurance is based on a percentage of the Allowable Amount assigned to eligible services. The Coinsurance is calculated after the Deductible and/or Copay has been assessed, if applicable.

Evidence of Coverage

Your Evidence of Coverage is on file with your employer or you may call our office to request a copy. Additional access is provided on our website at: www.superiordental.com under the Members tab and in the Member Support page as well as in Superior Direct Connect, your online resource and account management tool. Important information addressed in the Evidence of Coverage includes: claims appeal procedures, exclusions, coordination of benefit rules, contact information for SDC's Member Services Team, for State Departments of Insurance, for State Dental Associations and more. Access to SDC's Notice of Privacy Practices is also provided at the **Member Support Center**.

Claim Submission

All claims must be submitted and resolved within one year from the date of service to be considered for payment, regardless of enrollment status.

SDC'S DENTAL PLAN ADD-ON'S

SDC offers two special bonus features at no additional charge!

SMILERIDER™

Dentists who participate in our Smilerider program offer a 15% discount for elective services such as teeth whitening, veneers, bonding and porcelain facings. This discount comes with the SDC dental plan at no additional charge.

EyeMed Vision Care®

SDC offers a vision discount plan through EyeMed Vision Care at www.evemedvisioncare.com. This program offers significant savings and there are no limitations on the frequency of use. Be sure to mention you are a member of Superior Dental Care.

Superior Dental Care 6683 Centerville Business Pkwy. Centerville, OH 45459
Toll Free: 800.762.3159 Ph: 937.438.0283 Fax: 937.291.8695



The Dental Benefit Innovators
www.superiordental.com

Schedule of Benefits Plan #488

	In Network	Out of Network
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Contract Maximum	\$1,000.00	\$1,000.00
Deductible	\$50/\$150	\$50/\$150
<i>(applies to Basic and Major services)</i>		
Copay	None	None
<i>(applies to eligible oral evaluations)</i>		

Contract Period – The defined time during which your benefits will apply. This is typically a 12 month period of time; however please check with your employer to be sure.

Contract Maximum – The amount of dental expenses allotted to each member per Contract Period. Each new contract period, a fresh Contract Maximum is granted per member.

Deductible – The amount of dental expense, which you are responsible to pay before SDC begins calculations of benefits. Deductibles follow the contract period and have individual and family maximums.

Copay - This amount is applied to eligible oral evaluations in the Preventive Category only and is to be paid per Covered Person per occurrence, at the time of the visit.

Service Area and Participating Dentists

SDC is currently licensed in Ohio, Kentucky and Indiana which represent SDC's service area. **SDC members are encouraged to seek service from a Participating Dentist or Specialist.** You may access our directory of participating dentists on our website www.superiordental.com. All of our dentists undergo a stringent credentialing process and are recredentialed every 3 years. This means that our members are assured the highest quality of care and the greatest protection when staying within our network. Participating dentists are prohibited from collecting any amount over the Coinsurance and SDC's reimbursement. **Enrolled members seeking care from a non-participating dentist will be responsible for the payment to that dentist and may be required to pay any amount over the Coinsurance and SDC's reimbursement, otherwise known as the 'Balance Bill'.**