



The Dental Benefit Innovators

www.superiordental.com
800.762.3159

Welcome to The Preferred Plan Dental Plan #859

Preventive	100%
Basic	90%
Major	50%
Contract Maximum (per member)	\$1,000.00
Deductible	None

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.
- On-line Dentist Directory – Visit www.superiordental.com, click “Find A Dentist” and search under Preferred.
- Member Services hours – 7:30 – 5:00 Monday through Friday.

Dental Network of Services

- SDC Preferred Plan members must seek service from a participating dentist in our Preferred network.
- SDC has thousands of dentists and specialists in our Preferred network, so you’re sure to find one close to home, work, or school.

Superior Dental Care, Inc. List of Covered Services – Plan #859

Contract Maximum: \$1,000.00 per member, per contract period

Contract Maximum refers to any payment made by SDC. (Includes services benefited in the Preventive, Basic, and Major categories.)

Contract Period is the time during which eligible benefits are considered. This period is not restricted to a calendar year or to a 12-month period. It is based on your employer's chosen effective date.

Preventive & Diagnostic Services – Benefited at 100%

●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

- *once 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*

Basic Services – Benefited at 90%

●Specialist Examinations

- *one per contract period for endodontics,
periodontics, or oral surgery*

●Space Maintainers

- *once per lifetime per area for children
under age 19*

●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.)

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

- **Root Canal Treatment**
 - *once per lifetime per tooth*
- **Surgical Endodontics**
 - *once per lifetime per tooth*
- **Remineralization and Apexification**
 - *once per lifetime per tooth*

●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** (pin retention as part of restoration)
 - *once in three years per tooth*
- **Prefabricated Crowns** (stainless steel, acrylic) – when tooth cannot be adequately restored with filling material.
 - *replaceable after three years in existence*
- **Recementation** (onlays, crowns, and bridges)
 - *once in two years*

●Repairs (Includes repairs to broken crowns, bridges, complete or partial dentures; replacement of broken teeth on complete or partial dentures; additions to partial dentures to replace extracted natural teeth.)

- *once in two years*

Major Services – Benefited at 50%

● **Periodontics/Surgical Periodontics** (Includes

local anesthesia and routine 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*

● **Sealants** (Posterior Permanent Teeth Only)

- *once per lifetime per tooth for children under age 15*

● **Oral Surgery**

- **Alveoplasty, Vestibuloplasty**
 - *once in eight years*
- **Removal of Exostosis or Tori**

● **Crowns and Onlays** (Covered only as a treatment for decay or traumatic injury and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a covered fixed bridge.) 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*

● **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*

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. 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.

Coordination of Benefits

- SDC coordinates benefits with other carriers and with other SDC plans.
- 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.

Emergency Care

- Limited to the **relief** of pain, bleeding, swelling, but **not the cure** of the disease.
- If a member is 50 miles or more away from their participating dentist's office and receives care from a non-participating dentist:
 - The member should submit a statement to SDC for services rendered.
 - The payment for eligible dental services will be sent directly to the member.
 - The member will then be responsible for forwarding SDC's payment to the dental office for the balance.


Copayment (or coinsurance)

- The out-of-pocket expenses that are directly payable by a member to the dentist.
- The copayment is based on a percentage of the dentist's charge.
- The copayment may be requested by the dentist at the time of service and is calculated **before** any applicable deductible assessment.
- Refer to the Schedule of Benefits for applicable copayments.

SDC'S DENTAL PLAN ADD-ON'S

SDC offers two special bonus features at no additional charge!

SMILERIDER™

- The dentists in the directory who participate in SMILERIDER, have the  next to their name.
- These dentists provide 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.
- This program offers significant savings of 35% on frames, lenses, and additional hardware through Lenscrafters, Target, Sears, JC Penney, Pearle Vision Centers, and some private practices.
- There are no limitations on the frequency of use!
- Provides 15% savings off LASIK and PRK laser vision correction at participating locations!
- For a complete listing of participating locations, access their website at: www.eyemedvisioncare.com

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.

Service Area and Participating Dentists

SDC is currently licensed in the States of Ohio, Kentucky and Indiana and those states represent SDC's service area. SDC *Enrolled Members* must seek service from a *Participating Dentist or Specialist* within the service area.

Enrolled Members seeking service from a non-participating dentist will be responsible for the payment to that dentist.

Certificate of Coverage

Your certificate of coverage is on file with your employer or you may call our office to request a copy. Additional access is provided at SDC's website, www.superiordental.com under the **MEMBERS** tab and in the **MEMBER SUPPORT CENTER**. Important information addressed in the Certificate of Coverage includes: claims appeal procedures, exclusions, coordination of benefits rules, contact information for SDC's Member Services Team, for State Departments of Insurance and for State Dental Associations, and more.

Access to SDC's Notice of Privacy Practices is also provided at the **Member Support Center**.

Exclusions

The following items are not covered under SDC dental plans. Please refer to your List of Covered Services for eligible services.

Services performed by a Non-Participating Dentist except for qualifying emergency services • Services performed for cosmetic reasons, including personalization or characterization of dentures • Services or supplies that are considered experimental according to standard dental practice • 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 • Services or procedures completed after the date of termination, unless stated elsewhere in this certificate • Missed appointment charge • Replacement of lost or stolen prosthetic devices unless it is after the limitation date • Analgesics or other drugs and prescriptions • Hospital related charges • Appliances or restorations, other than full dentures, for the primary purpose of increasing vertical dimension or restoring occlusion • Any restoration done for reasons of erosion, abrasion, and/or wear • Veneers • Inlays and related services • Crown lengthening • Services for educational purposes • Splinting • Services covered under Workers Compensation, Federal or State agencies • Implants and related services • Services performed by other than a licensed dentist, except for legally delegated services to a licensed dental hygienist or licensed expanded functions auxiliary • Surgery, treatment and x-rays for Craniomandibular disorders (TMJ) • Orthognathic surgery • Crowns or Onlays for teeth where there is no opposing tooth • Laboratory charges • Services performed on a tooth with poor prognosis • Coverage for permanent crowns and prosthetics for members under the age of 17 • 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 • Services performed for which no payment would normally be required • Temporary/Provisional Services • Pre-Orthodontic extractions; but, only when the selected plan includes no orthodontic benefits.