



SDC Small Group (2-29) Network Driven Dental Care Plans



for Kentucky – 2010 **THE PREFERRED PLANS**

The following plans are available to groups with as few as 2 **enrolled** employees in the shaded counties on the above reference map. These plans are guaranteed for 12 months when implemented by December 31, 2010. Employer groups with 30+ employees may fax a census of employees to SDC for a custom designed plan. Please refer to the back of this page for selling and benefit guidelines associated with these plans.

Members are encouraged to seek care from a participating dentist. Please visit SDC's website www.superiordental.com for a directory of participating dentists and EyeMed discounts and locations.

Small Group Dental Plans - Kentucky				
Available to groups with 2 or more enrolled employees.				
			2-Tier	**3-Tier
			Plan 646	100% 50% 30% \$750
Plan 631	100% 50% 50% \$1,000.00	Preventive Basic Major Contract Maximum (per member, per contract period) No Deductible*	\$14.38/employee \$40.53/family	\$14.38/employee \$30.19/emp + 1 \$44.84/family
Plan 610	100% 80% 50% \$1,000.00	Preventive Basic Major Contract Maximum (per member, per contract period) No Deductible*	\$16.68/employee \$46.92/family	\$16.68/employee \$35.03/emp + 1 \$51.88/family
Preventive: oral exams, x-rays, cleanings, fluoride treatments for children, emergency treatment Basic: fillings, root canal therapy, oral surgery, extractions, repairs & recementation Major: crowns, onlays, bridges, dentures, sealants for children, periodontal gum treatment <p style="text-align: center;">All Dental plans receive a complimentary vision plan through <i>EyeMed Vision Care</i>[®]</p>				

UNDERWRITING GUIDELINES

Employer Contribution: N/A
 Participation Requirement: Minimum of 2 enrolled employees.

ADDITIONAL RATING OPTIONS

- | | |
|--|---|
| <ul style="list-style-type: none"> - To add *deductible of \$25/\$75 - To add *deductible of \$50/\$150 - To reduce annual max to \$750 - To increase annual max to \$1,000 - To add 50%/\$750 ortho,
(Minimum 10 enrolled employees) - To add 50%/\$1,000 ortho
(Minimum 10 enrolled employees) | <ul style="list-style-type: none"> base rates less 2% base rates less 5% base rates less 5% (for plans B&C) base rates + 5% (for plan A) base rates + 7.5% to the EE+1 and Family rates(s) base rates + 10% to the EE+1 and Family rates(s) |
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*Deductibles only apply to the Basic & Major categories and follow the contract period.

**If choosing the 3-tier rates above, groups must have at least one employee enrolled in each of the tiers to be eligible for the 3-tier rates.

NO WAITING PERIODS * NO MISSING TOOTH CLAUSE * NO BALANCE BILLING (in Network)* NO CLAIM FORMS (in Network)*

SELLING GUIDELINES

SDC offers these "community rated" plans to groups with as few as 2 **enrolled** employees. Employers may select one plan for their employees and must follow the participation requirements.

SDC is a network plan with over 6,000 participating dental offices and growing. **Members are encouraged to seek care from a participating dentist.** You may access our directory of participating dentists on our website www.superiordental.com. SDC's website allows you to access group applications and employee enrollment forms as well. You may also call us at (937) 438-0283 or (800) 762-3159 or contact your insurance agent for more information.

BENEFIT OUTLINE

This plan is **hassle-free & paperless**:

- No claim forms
- No waiting periods
- No balance billing

Renewals: Groups will automatically renew on their anniversary date, unless prior written notification is received. However, if the group elects to change plan designs, please let us know by the **10th of the month prior to the renewal date** so we can implement the change before their renewal.

Eligibility Information: Primary dependents will be covered to age 18 and full time students will be covered to age 23 or IRS Dependents will be covered to age 23*. Termination will be at the end of the birth month.

Vision Coverage: As a member of SDC, you automatically receive this value-added benefit for you and your eligible dependents. The vision plan is administered through EyeMed Vision Care. The program provides discounts on examinations and materials at unlimited frequencies. Discounts towards these products and services are offered through LensCrafters, Sears, Target, JCPenney, Pearl Vision Centers, Optique locations worldwide, and at participating providers. Additionally, members will receive 15% savings towards either LASIK or PRK laser vision correction through the U.S. Laser Network Centers.

SMILERIDER™: When enrolling in SDC, you automatically receive this value-added benefit for you and your eligible dependents. This is a supplemental cosmetic rider that provides deep discounts for elective cosmetic services including teeth whitening, veneers, bonding, porcelain facings, etc. Please consult SDC's directory of dentists or SDC's website for a listing of dentists who provide these services in your area.

Enrollment Form: When completing your enrollment form, please keep in mind you are required to stay on the plan for a full contract period. If you elect to waive coverage initially, your next opportunity to enroll will be at next year's open enrollment period. Enrollment changes can only be made at open enrollment unless you experience a "lifestyle change" (i.e., change in marital status, birth, etc.). Please notify SDC within 31 days of this lifestyle change.

Online Enrollment: You may also submit enrollments, terminations, ID cards requests, and other changes electronically through **Superior Direct Connect**, SDC's online account management system. This is a secure and confidential site. To sign up, access www.superiordental.com and click on the Superior Direct Connect icon. Complete and submit the registration form. A password and user ID will be e-mailed to you.

SDC does **coordinate benefits**. If enrolling your family, please give SDC information regarding any dental insurance your spouse may have. SDC follows the rules established by state law for coordination of benefits to decide which plan pays first. When covering dependents, the birthday rule is used --- the parent whose birthday comes first in the calendar year is considered the primary carrier. If a divorce has occurred the plan follows divorce decree.

Pre-determinations: Pre-determinations need to be sent in by your dentist for any services over \$400.00 or for periodontal services. Your responsibility is to ask your dentist if the Pre-determination was done, approved and what is your copayment. A copy of the Pre-determination will be mailed to you and your dentist. **Alternative Benefits** are based on the least expensive, professionally acceptable course of treatment. If the member and his/her dentist decide on the more expensive treatment, the additional cost will be the member's responsibility. **All services** are subject to the policies and procedures of SDC.

***Eligibility criteria will be effective 1/1/09.**