



SDC Open Access Dental Care Plans (2-29 eligible employees) Southern Ohio – 2012

(counties in red)

THE PREFERRED PLANS

The following plans are available to groups with 2-29 eligible employees in the shaded counties on the above reference map. These plans are guaranteed for 12 months when implemented by December 31, 2012. Employer groups with 30 eligible employees or more may be individually underwritten based on the group's specifications. Please refer to the back of this page for selling and benefit guidelines associated with these plans. Current groups with SDC may not be eligible for these rates.

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

Southern Ohio Small Group Dental Plans							
	In Network	Out of Network		SDC Base Rates 2-Tier	SDC Base Rates**3-Tier	SOCA Base Rates 2-Tier	SOCA Base Rates**3-Tier
Plan A	100% 50% 30% \$750.00	100% 50% 30% \$750.00	Preventive Basic Major Contract Maximum <small>(per member, per contract period)</small> No Deductible	\$20.17/ee \$57.21/family	\$20.17/ee \$42.35/ee +1 \$65.31/family	\$19.16/ee \$54.35/family	\$19.16/ee \$40.23/ee+1 \$62.04/family
Plan B	100% 50% 50% \$1,000.00	100% 50% 50% \$1,000.00	Preventive Basic Major Contract Maximum <small>(per member, per contract period)</small> No Deductible	\$24.62/ee \$69.41/family	\$24.62/ee \$51.70/ee +1 \$76.79/family	\$23.39/ee \$65.94/family	\$23.39/ee \$49.12/ee+1 \$72.95/family
Plan C	100% 80% 50% \$1,000.00	100% 80% 50% \$1,000.00	Preventive Basic Major Contract Maximum <small>(per member, per contract period)</small> No Deductible	\$28.56/ee \$80.35/family	\$28.56/ee \$59.98/ee +1 \$88.84/family	\$27.13/ee \$76.33/family	\$27.13/ee \$56.98/ee+1 \$84.40/family
<small>[ee = employee only, ee+1 = employee+1 dependent (spouse/child), family = employee+2 or more dependents]</small>							
			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			
All Dental plans receive a complimentary vision discount plan through EyeMed Vision Care®							

UNDERWRITING GUIDELINES

Employer Contribution:	N/A
Participation Requirement:	Minimum of 2 enrolled employees; Minimum of 10 enrolled employees for the Orthodontia options SOCA Chamber Members: Sole Proprietors are eligible
Service Area Coverage:	Open Access, however, services by participating dentists are encouraged. (Please refer to SDC's Provider Directory)
SOCA Sole Proprietors:	Payment of three months of premiums is due in advance. Please refer to SDC's Master Group Contract upon signing with SDC for further payment details.
Group Eligibility:	Determined at the time of renewal

ADDITIONAL RATING OPTIONS

- To add a *Deductible of \$25/\$75 base rates less 2%
- To add a *Deductible of \$50/\$150 base rates less 5%
- To reduce the Contract Max to \$750 base rates less 5% (for plans B&C)
- To increase the Contract Max to \$1,000 base rates plus 5% (for plan A)
- To add an Orthodontic benefit of 50%/\$750 (Minimum 10 enrolled employees) base rates +7.5% to the EE+1 and Family rates(s)
- To add an Orthodontic benefit of 50%/\$1,000 (Minimum 10 enrolled employees) base rates + 10% to the EE+1 and Family rates(s)

*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**, with a minimum requirement of 10 enrolled employees for the Orthodontia options, in the following Ohio counties: Adams, Athens, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Coshocton, Darke, Delaware, Fairfield, Fayette, Franklin, Gallia, Greene, Guernsey, Hamilton, Harrison, Highland, Hocking, Holmes, Jefferson, Jackson, Knox, Lawrence, Licking, Logan, Madison, Marion, Meigs, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Preble, Ross, Scioto, Shelby, Tuscarawas, Union, Vinton, Warren, Washington. Employers may select one plan for their employees and must follow the participation requirements.

SDC is an open access plan with over 7,000 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 (In-Network)
- No waiting periods
- No balance billing (In-Network)

Group Enrollment: Groups must submit the completed group application and enrollment forms to SDC by the end of the chosen effective month. For example, if the group chooses a January 1st effective date, all enrollment paperwork must be received by SDC before January 31st.

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: Dependents will be covered up to a maximum age of 25. 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 discount is administered through EyeMed Vision Care. The program provides discounts on examinations and materials with 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.

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.