



A Medical Mutual® Company

SDC Indiana Small Group Dental Plans—2019

2–50 enrolled employees

The small group dental plans are guaranteed for 12 months when implemented by December 31, 2019. **Employer groups with 30 or more enrolled employees may be considered for other plan options.** Employer groups with 51 enrolled employees or more will be individually underwritten based on the group's specifications. Current groups with SDC may not be eligible for these rates.

National network

SDC is licensed to sell to groups domiciled in Ohio, Kentucky and Indiana. Our network of participating dentists and specialists offers coverage across the country with **nearly 650,000 access points nationwide** and growing. *Enrolled Members are encouraged to seek care from a participating dentist.* Please visit SDC's website superiordental.com for a directory of participating dentists.

No-cost extras offered to members with every plan



SDC Mobile: Our convenient app gives members on-the-go access to their plan and Mobile ID card.



Free Second Opinion: SDC will provide a no-cost second opinion by a participating dentist for covered extensive treatments that include numerous or costly services.



SMILERIDER™: This is a supplemental cosmetic rider that provides a 15% discount for elective cosmetic services including teeth whitening, veneers, bonding, porcelain facings, etc.



Vision Discount: Administered through EyeMed Vision Care® Discount Plan, members enjoy discounts on vision products and services.



Prescription Discount: This discount provides a savings of up to 20% off retail price on many prescription drugs at participating pharmacies.

Open Access Small Group Dental Plans

| | Plan A In/Out of Network | Plan B In/Out of Network | Plan C In/Out of Network |
|--|-----------------------------|-----------------------------|-----------------------------|
| Preventive | 100% | 100% | 100% |
| Basic | 50% | 50% | 80% |
| Major | 30% | 50% | 50% |
| Contract Maximum | \$750 | \$1,000 | \$1,000 |
| Orthodontia (Optional) | See options below | See options below | See options below |
| Deductible (applies to Basic and Major only) | \$50/\$150 | \$50/\$150 | \$50/\$150 |
| Copay | \$0 | \$0 | \$0 |

Base Plans without Orthodontia

| | | | |
|-----------------------|---------|---------|---------|
| Employee | \$16.31 | \$19.74 | \$25.62 |
| Employee + Spouse | \$32.46 | \$39.29 | \$51.24 |
| Employee + Child(ren) | \$43.92 | \$53.16 | \$62.09 |
| Family | \$66.85 | \$80.92 | \$94.97 |

Additional Rating Options

First, select the desired base rates, then begin calculations of any additional rating options

| | | | |
|--|--|--|--|
| No Deductible | Base rates plus 5% | Base rates plus 5% | Base rates plus 5% |
| \$25/\$75 Deductible (applies to Basic and Major only) | Base rates plus 3% | Base rates plus 3% | Base rates plus 3% |
| \$50/\$100 Deductible (applies to Basic and Major only) | Base rates plus 2% | Base rates plus 2% | Base rates plus 2% |
| \$750 Contract max | N/A | Base rates less 5% | Base rates less 5% |
| \$1,000 Contract max | Base rates plus 5% | N/A | N/A |
| \$1,500 Contract max | Base rates plus 11% | Base rates plus 11% | Base rates plus 11% |
| 50%/\$750 Orthodontia (minimum 10 enrolled employees) | Base rates plus 7.5% (on any tier greater than EE+Sp) | Base rates plus 7.5% (on any tier greater than EE+Sp) | Base rates plus 7.5% (on any tier greater than EE+Sp) |
| 50%/\$1,000 Orthodontia (minimum 10 enrolled employees) | Base rates plus 10% (on any tier greater than EE+Sp) | Base rates plus 10% (on any tier greater than EE+Sp) | Base rates plus 10% (on any tier greater than EE+Sp) |
| Endodontics in Major | Base rates less 4% | N/A | Base rates less 4% |
| Periodontics in Basic | Base rates plus 2% | N/A | Base rates plus 2% |
| Copay of \$10 (applies to Preventive exams only) | Base rates less 5% | Base rates less 5% | Base rates less 5% |

All changes and/or calculations added to the listed rates must be approved by SDC before finalization

No Waiting Periods—No Missing Tooth Clause—No Balance Billing (In Network)—No Claim Forms (In Network)

SDC small group underwriting guidelines

Employer contribution: N/A

Participation requirement: Minimum of 2 enrolled employees; Minimum of 10 enrolled employees for the Orthodontia options.

SIGN UP IS EASY!

Contact SDC's Account Services team at
accountservices@superiordental.com | 800.762.3159 | superiordental.com