



SDC Indiana Small Group Dental Plans—2021

2–50 enrolled employees

These plans are available to new groups of 2-50 enrolled employees with an effective date on or after January 1, 2021. Rates are guaranteed for 12 months when implemented by December 31, 2021. 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.

Indiana 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)	N/A	See options below	See options below
Deductible (applies to Basic and Major only)	\$50/\$150	\$50/\$150	\$50/\$150
Copay	\$0	\$0	\$0

Implants covered under Major Services

Plan Rates and Additional Rating Options

Select the desired plan, then determine rate based on Tier and plan. The Orthodontia options below include coverage for adults but are not available to groups with less than 10 enrolled employees.

	Plan A Base Rate	Plan B Base Rate	\$1,500 Contract Max	50%/\$1,000 Ortho	\$1,500 Contract Max + Ortho	Plan C Base Rate	\$1,500 Contract Max	50%/\$1,000 Ortho	\$1,500 Contract Max + Ortho
2-Tier									
Employee	\$17.70	\$21.43	\$23.79	\$21.43	\$23.79	\$26.22	\$29.71	\$26.22	\$29.71
Family	\$49.21	\$59.58	\$66.14	\$63.24	\$69.80	\$72.89	\$82.59	\$76.55	\$86.25
3-Tier									
Employee	\$17.70	\$21.43	\$23.79	\$21.43	\$23.79	\$26.22	\$29.71	\$26.22	\$29.71
Employee + Spouse / Employee + Child	\$34.27	\$41.49	\$46.06	\$42.90	\$47.47	\$50.76	\$57.52	\$52.17	\$58.93
Employee + Children / Family	\$60.89	\$73.72	\$81.84	\$79.12	\$87.24	\$90.20	\$102.20	\$95.60	\$107.60
4-Tier									
Employee	\$17.70	\$21.43	\$23.79	\$21.43	\$23.79	\$26.22	\$29.71	\$26.22	\$29.71
Employee + Spouse	\$35.40	\$42.86	\$47.58	\$42.86	\$47.58	\$52.44	\$59.42	\$52.44	\$59.42
Employee + Child(ren)	\$43.93	\$53.19	\$59.05	\$58.61	\$64.47	\$65.08	\$73.74	\$70.50	\$79.16
Family	\$61.63	\$74.62	\$82.84	\$80.04	\$88.26	\$91.30	\$103.45	\$96.72	\$108.87

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

National network

SDC's network of participating dentists and specialists offers coverage across the country with **one of the largest dental networks in the United States**. *Enrolled Members are encouraged to seek care from a participating dentist.* Please visit SDC's website superiordental.com for a directory of participating dentists.

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.

No-cost extras offered to members with every plan

SDC Mobile: Our convenient app gives members easy 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.

SIGN UP IS EASY! Contact SDC's Account Services team at accountservices@superiordental.com | 800.762.3159 | superiordental.com