Superior Dental Care®
A Medical Mutual® Company

SUPERIOR DENTAL CARE

Schedule of Benefits – Plan #496	In Network	Out of Network
Preventive	**100%**	**100%**
Basic	**80%**	**80%**
Major	**50%**	**50%**
Contract Maximum	**$1,000.00**	**$1,000.00**
Deductible *(applies to Basic and Major services)*	**$50/$150**	**$50/$150**
Orthodontia	**50%**	**50%**
Lifetime Ortho Max	**$500.00**	**$500.00**
Copay *(applies to eligible oral evaluations)*	**None**	**None**

Contract Period – The defined time during which your benefits will apply. This is typically a 12 month period of time; however please check with your employer to be sure.
Contract Maximum – The amount of dental expenses allotted to each member per Contract Period. Typically includes all benefits paid under the Preventive, Basic, Major categories.
Deductible – The amount of dental expense, which you are responsible for before SDC begins calculations of benefits. Deductibles follow the contract period and have individual and family maximums.
Lifetime Ortho Maximum – The amount of orthodontia benefit, per member per lifetime, while enrolled with SDC. Any orthodontia payments made by SDC are applied toward the Lifetime Maximum. The orthodontia Lifetime Maximum is separate from the Contract Maximum and does not refresh. Timely submission of ortho claims is necessary for prompt consideration of benefit.
Copay - This amount is applied to eligible oral evaluations in the Preventive Category only and is to be paid per Covered Person per occurrence, at the time of the visit.

PREVENTIVE SERVICES

ORAL EVALUATIONS *2x contract period;* **PROPHYLAXIS** (cleaning) *2x contract period;* **TOPICAL APPLICATION OF FLUORIDE** *1 treatment per contract period for children under 15;* **BITEWING X-RAYS** *up to 4 Bitewings per contract period;* **FULL MOUTH X-RAYS OR PANORAMIC SURVEY** *1x 5 years;* **INTRAORAL PERIAPICAL X-RAYS** *3 per contract period;* **MINOR EMERGENCY TREATMENT** *for the temporary relief of pain, bleeding or swelling;* **SEALANTS** (posterior permanent teeth only) *1x lifetime per tooth for children under 15*

BASIC SERVICES

SPECIALIST EXAMINATIONS *1x per contract period for endodontics, periodontics, or oral surgery;* **SPACE MAINTAINERS** *1x lifetime per area for children under 19;* **ORAL SURGERY** (includes local anesthesia/routine postop care); Extractions (Pre-orthodontics are included in the Major Category); Removal of Periapical and Follicular Cysts; Intraoral Incision and Drainage; Exposure of Tooth to Aid Eruption; Frenectomy; General Anesthesia or IV Sedation - in connection with oral surgery (excluding simple extractions); **RESTORATIVE** (includes local anesthesia); Restorations (amalgam and composite) - to restore teeth damaged by decay or traumatic injury *1x 3 years per surface;* Sedative Filling *1x 3 years per tooth;* Pins *1x 3 years per tooth;* Prefabricated Crowns *(replaceable after 3 years in place);* Recementation (onlays, inlays, crowns and bridges) *1x 2 years;* **REPAIRS** (includes repairs to crowns, bridges, and complete or partial dentures) *1x 2 years*

MAJOR SERVICES

ENDODONTICS (includes local anesthesia, x-rays and routine postop care); Root Canal Treatment *1x 3 years per tooth;* Surgical Endodontics *1x lifetime per tooth;* **PERIODONTICS/SURGICAL PERIODONTICS** (includes local anesthesia and postop care); Periodontal Scaling and Root Planing *1x 2 years each quadrant;* Periodontal Maintenance (root planing followed by osseous surgery - a single course of treatment) *2x 2 years during a course of full mouth periodontal treatment;* Complete Occlusal Adjustment *1x 2 years following periodontal surgery;* Gingivectomy *each quadrant/area 1x 2 years;* Gingival Grafts *1x 2 years each quadrant/area;* Osseous Surgery *1x 2 years each quadrant/area;* **ORAL SURGERY** Pre-Orthodontic Extractions of Permanent Teeth; Alveoplasty, Vestibuloplasty *1x 8 years;* Removal of Exostosis or Tori; **PROSTHODONTICS** *(replaceable after 8 years in place)* Bridge Abutments (See Crowns, Onlays and Inlays); Pontics (See Crowns, Onlays and Inlays); Removable Partial Dentures; Complete Dentures; Rebasing; Relining *1x 3 years;* **CROWNS, ONLAYS AND INLAYS** *(replaceable after 8 years in place);* (treatment for decay or traumatic injury and when teeth cannot be restored with a filling material or when the tooth is an abutment. Applies interchangeably to onlays, inlays, crowns, abutments, and pontics for the same tooth); Crowns, Onlays, Inlays, Post and Core; **IMPLANTS,** *1x lifetime per tooth;* Surgical placement of implant, Implant supported prosthetics, Repair of an implant, Removal of an implant

ORTHODONTIC SERVICES

Superior Dental Care's (SDC) orthodontia benefits are limited to members under 20. Coverage is for a "Treatment Plan" evaluated through a pre-determination of benefits. Treating dentists providing this service must supply SDC with films and study models upon request. The one-time Record/Diagnosis fee consists of initial exam, diagnosis and consultation, x-rays, and study models. This fee can be submitted for payment separately and will apply to the member's lifetime maximum. Ortho payments for members will be made monthly beginning after the first month of treatment, and continue for the estimated duration of the treatment plan, as long as the patient is in active treatment. Retention is not covered. For treatment in progress at the time of eligibility, SDC will review the initial treatment months and total cost to determine benefit eligibility. All calculations are based on the appropriate plan percentage, up to the plan's allowable orthodontic lifetime maximum, and for the remaining months of estimated treatment. Benefits will automatically terminate when the patient ceases to be eligible.

EXCLUSIONS

The following items are not covered under SDC dental plans unless your plan indicates otherwise on the reverse side of this document.
1. Services performed for cosmetic reasons, including personalization or characterization of dentures **2.** Services or supplies that are considered experimental according to standard dental practice **3.** 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 **4.** Services or procedures completed after the date of termination, unless stated elsewhere in this Evidence of Coverage **5.** Missed appointment charge **6.** Replacement of lost or stolen prosthetic devices unless it is after the limitation date **7.** Analgesics or other drugs and prescriptions **8.** Hospital related charges **9.** Appliances or restorations, other than full dentures, for the primary purpose of increasing vertical dimension or restoring occlusion **10.** Any restoration done for reasons of erosion, abrasion, and/or wear **11.** Veneers **12.** Inlays and related services **13.** Crown lengthening 1**4.** Services for educational purposes **15.** Splinting **16.** Services covered under Workers Compensation, Federal or State agencies **17.** Services performed by other than a licensed dentist, except for legally delegated services to a licensed dental hygienist or licensed expanded functions auxiliary **18.** Surgery, treatment and x-rays for Craniomandibular disorders (TMJ) **19.** Orthognathic surgery **20.** Crowns or Onlays for teeth where there is no opposing tooth **21**. Laboratory charges **22.** Services performed on a tooth with poor prognosis **23.** Coverage for permanent crowns and prosthetics for members under the age of 17 **24.** Services performed for which no payment would normally be required **25.** Temporary/Provisional Services **26.** Pre-Orthodontic extractions; but, only when the selected plan includes no orthodontic benefits **27.** Implants and related services **28.** 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.

NATIONAL NETWORK

While 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 **over half a million access points nationwide**. SDC members are encouraged to seek service from a Participating Dentist or Specialist. **You may access our directory of Participating Dentists on our website superiordental.com. Participating dentists are prohibited from collecting any amount beyond the assigned member responsibility and SDC's reimbursement.** Unless otherwise contracted, SDC's payments for out of network services will be directed to the Enrollee. Members receiving SDC payment for services performed by a non-participating dentist will be responsible for the full payment to that dentist. Any out of network service may be subject to a "balance bill" for any amount that the dentist's charge exceeds SDC's then current allowable amount for an eligible service.

PLAN SPECIFICS

Pre-determination of Benefits
Pre-determination of Benefits is necessary for services $400.00 or more and for periodontal services. Alternate benefits may be received when there is more than one acceptable course of treatment.

Coordination of Benefits
SDC coordinates benefits with other carriers and with other SDC plans. SDC follows the rules established by state law for Coordination of Benefits to decide which plan pays first. The birthday rule applies for covered dependents – the parent's birthday first in the calendar year is considered the primary carrier. If a divorce has occurred, the plan follows the divorce decree.

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

Claim Submission
All claims must be submitted and resolved within one year from the date of service to be considered for payment, regardless of enrollment status.

VALUE-ADDED BENEFITS

SMILE*RIDER*®
Dentists who participate in our Smilerider program offer 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® Discount Plan
SDC offers a vision discount plan through EyeMed Vision Care at eyemed.com. This program offers significant savings and there are no limitations on the frequency of use. Please contact your employer to confirm this benefit is available to you. After confirming this benefit, be sure to mention to your eyecare provider that you are a member of Superior Dental Care. This plan is not vision insurance.

Free Second Opinion
SDC will provide a Free Second Opinion by a participating dentist for extensive treatment plans. This is provided at no cost and without utilizing any portion of the individual's Contract Maximum. This benefit is required to be coordinated, in advance, through SDC's Dentist and Member Services team.

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.