SDC’s Features and Highlights

No waiting periods
Covered services may be considered for benefit as soon as you come onto the plan.

No missing tooth provision
Covers services for replacement of missing teeth.

Online Dentist Directory
Visit www.supperiodental.com and click on the “Find A Dentist” icon and search under the Preferred plan type.

Member Services hours
7:30-5:00 Monday through Friday.

Largest Regional Network of Dentists and Specialists
Each year SDC adds hundreds of dentists and specialists to our network. With this vast selection, you’re sure to find one close to home, work or school.

Dental Benefit List of Covered Services:

PREVENTIVE SERVICES

Oral Evaluations
two per contract period

Prophylaxis (cleaning)
two per contract period

Topical Application of Fluoride
one treatment per contract period for children under age 15

Bitewing X-rays
up to four Bitewings per contract period

Full Mouth X-rays or Panoramic Survey
once in five years

Intraoral Periapical X-rays
three per contract period

Minor Emergency Treatment
for the relief of pain, bleeding or swelling, but not the cure of the disease

BASIC SERVICES

Specialist Examinations
once per contract period for endodontics, periodontics, or oral surgery

Space Maintainers
once per lifetime per area for children under age 19

Oral Surgery (Includes local anesthesia and routine postoperative care)
Extractions (Not to include pre-orthodontic. These extractions are included under the Major Category — If the employee selects the Enhanced Option Dental Plan.)
Removal of Periapical and Follicular Cysts
Intraoral Incision and Drainage
Exposure of Tooth to Aid Eruption
Frenectomy
General Anesthesia or IV Sedation - when provided in connection with oral surgery (excluding simple extractions)

Endodontics (Includes local anesthesia, x-rays and routine postoperative care.)
Root Canal Treatment
once in three years per tooth
Surgical Endodontics
once per lifetime per tooth

Restorative (Includes local anesthesia)
Restorations (amalgam and composite) - to restore teeth damaged by decay or traumatic injury.
one in three years per surface
Sedative Filling
once in three years per tooth
Pins
once in three years per tooth
Prefabricated Crowns
replaceable after three years in existence
Recementation (onlays, crowns and bridges)
one in two years

Repairs (Includes repairs to crowns, bridges, and complete or partial dentures.)
one in two years

MAJOR SERVICES continued

Oral Surgery
Pre-Orthodontic Extractions of Permanent Teeth -For employees who select the Enhanced Option Dental Plan.
Alveoplasty, Vestibuloplasty
once in eight years
Removal of Exostosis or Tori

Sealants (Posterior permanent teeth only)
one per lifetime per tooth for children under age 15

Prosthodontics
Bridge Abutments (See Crowns and Onlays)
replaceable after eight years in existence
Pontics (See Crowns and Onlays)
replaceable after eight years in existence
Removable Partial Dentures
replaceable after eight years in existence
Complete Dentures
replaceable after eight years in existence
Rebasing
replaceable after eight years in existence
Relining
once in three years

Crowns and Onlays (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, crowns, abutments, and pontics for the same tooth.)
Crowns
once in eight years on the same tooth and replaceable after eight years in existence
Onlays
once in eight years on the same tooth and replaceable after eight years in existence
Post and Core
once in eight years on the same tooth and replaceable after eight years in existence

ORTHODONTIC SERVICES
(For employees who select the Enhanced Option Dental Plan)

Superior Dental Care’s (SDC) orthodontia benefits are limited to members under 20 years of age. Coverage includes orthodontic procedures under a “Treatment Plan” that has been evaluated through a pre-determination of benefits by SDC. The dentist providing this service must supply SDC with films and study models upon request.

The one-time Record/Diagnosis fee shall consist of the initial exam, diagnosis and consultation, x-rays, and study models. This fee can be submitted for payment separately from the treatment plan and will apply to the member’s lifetime maximum. Payments for orthodontic treatment 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 a member of SDC and in active treatment. Patients in retention are not covered.

For orthodontic treatment in progress at the time of eligibility, SDC will review the initial estimate of treatment months and total cost to determine benefit eligibility. This calculation will be 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.

ORTHODONTIC SERVICES

Orthodontic Extractions of Permanent Teeth

Sealants (Posterior permanent teeth only)

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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
4. Services or procedures completed after the date of termination, unless stated elsewhere in this certificate
5. Missed appointment charge
6. Replacement of lost or stolen prosthetic devices unless it is after the termination 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
14. 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.

Pre-determination of Benefits
Pre-determination of Benefits is necessary if services are for $400.00 or more or for periodontal services. Alternate benefits may be received when there is more than one acceptable course of treatment. In this situation, SDC will provide benefits based on the least expensive, professionally accepted treatment. If you and your dentist choose a more expensive treatment, the additional cost will be your responsibility. All services are subject to the policies and procedures of SDC.

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. SDC’s payment is based on the type of plan and the amount the other plan has benefited. The objective is to make sure the combined payments of all plans are no more than your actual bills. The birthday rule applies for covered dependents—whichever parent’s birthday comes first in the calendar year is considered the primary carrier. If a divorce has occurred, the plan follows the divorce decree.

Copayment (or coinsurance)
Copayment is the out-of-pocket expenses that are directly payable by a member to the dentist. The Copayment is based on a percentage of the Allowable Amount assigned to an eligible service and may be requested by the dentist at the time of service. The Copayment is calculated after the deductible has been assessed, if applicable.

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: www.superiordental.com under the Members tab and in the Member Support page as well as in Superior Direct Connect, your online resource and account management tool. 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. Access to SDC’s Notice of Privacy Practices is also provided at the Member Support Center.

SDC’S DENTAL PLAN ADD-ON’S
SDC offers two special bonus features at no additional charge!

SMILE® RIDE™
Smile® Rider™ offers 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®
EyeMed Vision Care® offers a vision discount plan through EyeMed Vision Care at www.eyemedvisioncare.com. This program offers significant savings and there are no limitations on the frequency of use. Be sure to mention you are a member of Superior Dental Care.

Superior Dental Care
6683 Centerville Business Pkwy.
Centerville, OH 45459
Toll Free: 800.762.3159  Ph: 937.436.0283  Fax: 937.291.8695

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.

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Standard