SUPERIOR DENTAL CARE

Schedule of Benefits – Plan #939	In Network	Out of Network
Preventive	**100%**	**100%**
Basic	**80%**	**80%**
Major	**80%**	**80%**
Contract Maximum	**$1,200.00**	**$1,200.00**
Deductible *(applies to Basic and Major services)*	**$50/$150**	**$50/$150**
Orthodontia	**50%**	**50%**
Lifetime Ortho Max	**$1,200.00**	**$1,200.00**
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 less benefited Periodontal Maintenance;* **PERIODONTAL MAINTENENCE** (root planing followed by osseous surgery - a single course of treatment) *2x contract period less benefited Prophylaxis following a course of full mouth periodontal treatment;* **TOPICAL APPLICATION OF FLUORIDE** *2x contract period;* **BITEWING X-RAYS** *twice per contract period;* **FULL MOUTH X-RAYS OR PANORAMIC SURVEY** *1x 3 years;* **INTRAORAL PERIAPICAL X-RAYS** *4 x per contract period;* **MINOR EMERGENCY TREATMENT** *for the temporary relief of pain, bleeding or swelling;* **SEALANTS** (posterior permanent teeth only) *1x3 years per permanent molar for children under 19;* **SPACE MAINTAINERS** *1x lifetime per area for children under 19;* **HARMFUL HABIT APPLIANCES** *1x lifetime under 14;* **LIMITED/PROBLEM FOCUSED ORAL EVALUATIONS** ; **ENHANCED BENEFIT:** Includes one additional Prophylaxis for members who are pregnant or meet medical criteria.

BASIC SERVICES

SPECIALIST EXAMINATIONS *1x per contract period for endodontics, periodontics, and oral surgery;* **ORAL SURGERY** (includes local anesthesia/routine postop care); Alveoplasty, Vestibuloplasty; Removal of Exostosis or Tori; Extractions; 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); **ENDODONTICS** (includes local anesthesia, x-rays and routine postop care); Root Canal Treatment *1x lifetime per tooth;* Surgical Endodontics; **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 2 years in place);* **CROWN REPAIRS**; **PERIODONTICS/SURGICAL PERIODONTICS** (includes local anesthesia and postop care); Periodontal Scaling and Root Planing *each quadrant 1x 12 months;* Complete Occlusal Adjustment *1x 2 years following periodontal surgery;* Gingivectomy *each quadrant/area 1x 12 months;* Gingival Grafts; Osseous Surgery *each quadrant/area 1x 12 months;* Bone Grafts and Guided Tissue Regeneration; Crown Lengthening *1x 12 months,* considered part of the crown, inlay, onlay or bridge procedure if rendered on the same day; **BRUSH BIOPSY**; **OCCLUSAL GUARDS**; **OCCLUSAL GUARD ADJUSTMENT**; *1x contract period;* **THERAPUTIC DRUG INJECTION**

MAJOR SERVICES

PROSTHODONTICS *(replaceable after 5 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; Denture Adjustments;* **CROWNS, ONLAYS, INLAYS AND VENEERS** *(replaceable after 5 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, veneers, crowns, abutments, and pontics for the same tooth); Crowns, Onlays, Inlays, Veneers, Post and Core; Recementation (onlays, inlays, veneers, crowns and bridges) Repairs to bridges and complete or partial dentures

ORTHODONTIC SERVICES

Superior Dental Care's (SDC) orthodontia benefits are limited to members with appliances placed prior to age 19. 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

Services or Procedures:
1. Which are not prescribed by or performed by or upon the direction of a Physician or other Provider **2.** Received from other than a Provider **3.** Not yet recognized by the American Dental Association as indicated with a specific procedure code designation **4.** For any condition, disease, defect, ailment, or injury arising out of and in the course of employment if benefits are available under any Worker's Compensation Act or other similar law **5.** To the extent that they are available as benefits through any governmental unit (except Medicaid), unless otherwise required by law or regulation. The payment of benefits will be coordinated with such governmental units to the extent required under existing state or Federal laws **6.** For illness or injury that occurs as a result of any act of war **7.** For which you have no legal obligation to pay in the absence of this or like coverage **8.** Received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust or similar person or group **9.** Received from a member of your immediate family, (parent, child, spouse, sister, brother, or self) **10.** For a condition resulting from direct participation in a riot, civil disobedience, nuclear explosion, or nuclear accident **11.** For telephone consultations, missed appointments, completion of claim forms, or medical records **12.** In excess of the Maximum Allowable Amount **13.** For court ordered testing or care, unless authorized by the Administrator, on behalf of the Employer **14.** For congenital or developmental malformation **15.** For cosmetic treatment intended primarily to improve appearance but not to restore body function or correct deformity from disease, trauma, or prior therapeutic processes (includes treatment of cleft palate, anodontia and mandibular prognathicism, capping teeth to cover stains, laminate veneers, and shaping false teeth to make them look like the real teeth they replace) **16.** Rendered or furnished prior to the Effective Date of this Benefit Booklet or subsequent to its termination **17.** For oral hygiene and convenience items **18.** For gold foil restorations **19.** Resulting from loss or theft of a denture or orthodontia appliance **20.** For visits at home, or in a nursing home, or in a hospital except for visits in connection with oral surgery and emergency care **21.** For restorations or appliances to increase vertical dimension or to restore or correct the occlusion, or Temporal Mandibular Joint (TMJ) disorder or dysfunction **22.** For periodontal splinting and implantology, or extra oral grafts **23.** For personalized restorations and specialized techniques in constructing dentures or bridges **24.** For permanent crowns for patients under age 16 **25.** For prosthetic devices or crowns installed after coverage terminates, even if the impressions were taken while coverage was still in effect **26.** For prosthetic devices or crowns installed after coverage is effective, unless impressions were taken after this coverage became effective **27.** To the extent that they are covered by a basic benefit health or major medical health plan **28.** For which a satisfactory result cannot be obtained in the professional judgement of the attending Dentist **29.** Resulting from repetition of services or replacement appliances when not necessary because you transferred from one Dentist to another during a course of treatment, you missed an appointment; services were rendered by more than one Dentist **30.** To stabilize the teeth in their supporting structures; examples include implantology and periodontal splinting **31.** For plaque control program, or dietary instruction **32.** A duplicate (spare) prosthetic device or appliance **33.** For local or partial anesthesia (analgesia) **34.** For services or supplies not specifically listed in this Schedule of Benefits

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 www.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: www.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 www.eyemedvisioncare.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.

Second Opinion
SDC will provide a 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.