

Schedule of Benefits – Plan #1117	In Network	Out of Network
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Contract Maximum	\$1,200.00	\$1,200.00
Deductible <i>(applies to Basic and Major services)</i>	\$50/\$150	\$50/\$150
Orthodontia	50%	50%
Lifetime Ortho Max	\$1,200.00	\$1,200.00
Copay <i>(applies to eligible oral evaluations)</i>	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) or Periodontal Maintenance (following active treatment) 2x contract period; **TOPICAL APPLICATION OF FLUORIDE** 2 treatments 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** 4 per contract period; **MINOR EMERGENCY TREATMENT** for the temporary relief of pain, bleeding or swelling; **SEALANTS** (posterior permanent teeth only) 1x 3 years per tooth for children under 16; **SPACE MAINTAINERS** 1x lifetime per area for children under 16; **HARMFUL HABIT APPLIANCES** 1x lifetime for children under 14

BASIC SERVICES

PERIODONTICS/SURGICAL PERIODONTICS (includes local anesthesia and postop care); Periodontal Scaling and Root Planing 1x 12 months each quadrant; 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; Bone Grafts 1x 3 years; **SPECIALIST EXAMINATIONS** 1x per contract period for endodontics, periodontics, and oral surgery; **ORAL SURGERY** (includes local anesthesia/routine postop care); Alveoplasty, Vestibuloplasty 1x 5 years; Removal of Exostosis or Tori; Extractions (Pre-orthodontics are included in the Major Category); Removal of Periapical and Follicular Cysts; Intraoral Incision and Drainage of abscess; 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 3 years per tooth; Surgical Endodontics 1x lifetime per tooth; **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, veneers, crowns and bridges) 1x 2 years; **REPAIRS** (includes repairs to crowns, bridges, and complete or partial dentures) 1x 2 years

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; Rebasings; Relining 1x 2 years; Tissue Conditioning 2 per arch x 2 years; **CROWNS, ONLAYS AND INLAYS** (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, crowns, veneers, abutments, and pontics for the same tooth); Crowns, Onlays, Inlays, Veneers, Post and Core

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

1. Oral hygiene, plaque control or diet instruction, Precision attachments, Desensitizing medicaments, Prescription medication 2. Treatment which does not meet accepted standards of dental practice, Treatment which is experimental in nature 3. Any appliance or prosthetic device used to: Change vertical dimension, Restore or maintain occlusion, except to the extent that this plan covers orthodontic treatment, Splint or stabilize teeth for periodontic reasons, Replace tooth structure lost as a result of abrasion or attrition 4. Any service furnished for cosmetic reasons. This includes, but is not limited to: Characterizing and personalizing prosthetic devices, Making facings on prosthetic devices for any teeth in back of the second bicuspid 5. For replacing an appliance or prosthetic device or processed veneer with a like appliance or device, unless: It is damaged while in the covered person's mouth in an injury suffered while insured, and can't be made serviceable 6. Any service, appliance, device or modality intended to treat disturbances of the temporo-mandibular joint 7. Replacing a lost, stolen or missing appliance or prosthetic device, Making a spare appliance or device 8. Implants, Tooth transplants, Surgical repositioning of the jaw 9. For treatment needed due to: An on-the-job or job-related injury, A condition for which benefits are payable by Worker's Compensation or similar laws 10. For treatment for which no charge is made. This usually means treatment furnished by: The covered person's employer, labor union or similar group, in its dental or medical department or clinic, A facility owned or run by any governmental body, Any public program, except Medicaid, paid for or sponsored by any government body. But if a charge is made and we are legally required to pay it, we will 11. Overdentures.

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.