

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 certificate 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 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.

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.

© January 2010, Perio & Sealants in Basic
Space Maintainers in Preventive+

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!

SMILERIDER™

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®

SDC offers a vision discount plan through EyeMed Vision Care at www.evemedvisioncare.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
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Toll Free: 800.762.3159 Ph: 937.438.0283 Fax: 937.291.8695



The Dental Benefit Innovators

www.superiordental.com

800.762.3159

Oberlin College The Preferred Plan

	CORE PLAN #565	ENHANCED PLAN #568
Preventive	100%	100%
Basic	90%	90%
Major	N/A	30%
Contract Maximum*	\$1,000.00	\$1,250.00
Deductible	\$25/\$75	\$50/\$150
Orthodontia	N/A	50%
Lifetime Ortho Max*	N/A	\$1,250.00

*Per member

Contract Maximum refers to any payment made by SDC. (Includes services benefited in the Preventive, Basic, and Major categories.)

Lifetime Ortho Maximum refers to any orthodontia payments made by SDC and is accumulated separately from the *Contract Maximum*.

Contract Period is the time during which eligible benefits are considered. This period is not restricted to a calendar year or to a 12-month period. It is based on your employer's chosen effective date.

Deductibles are per contract period and only apply to Basic & Major services, if applicable.

Service Area and Participating Dentists

SDC is currently licensed in Ohio and Kentucky which represent SDC's service area. SDC Preferred Plan members are encouraged to seek service from a Participating Dentist or Specialist in our Preferred Plan network. You may access our directory of participating dentists on our website www.superiordental.com. All of our dentists undergo a stringent credentialing process and are recredentialed every 3 years. This means that our members are assured the highest quality of care and the greatest protection when staying within our network. Participating dentists are prohibited from collecting any amount over the Copayment and SDC's reimbursement. Enrolled members seeking care from a non-participating dentist will be responsible for the payment to that dentist and may be required to pay any amount over the Copayment and SDC's reimbursement, otherwise known as the 'Balance Bill'.

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.superiordental.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

once 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

Space Maintainers

once per lifetime per area for children under age 14

BASIC SERVICES

Specialist Examinations

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

Sealants (Posterior permanent teeth only)

once per lifetime per tooth for children under age 15

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.

once 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)

once in two years

Repairs (Includes repairs to crowns, bridges, and complete or partial dentures.)

once in two years

Rebasing

once in three years

Relining

once in three years

Periodontics/Surgical Periodontics (Includes local anesthesia and postoperative care.)

Periodontal Scaling and Root Planing

each quadrant once in two years

Periodontal Maintenance (root planing followed by osseous surgery is a single course of treatment)

eligible twice within two years during a course of full mouth periodontal treatment

Complete Occlusal Adjustment

once in two years following periodontal surgery

Gingivectomy

each quadrant/area once in two years

Gingival Grafts

each quadrant/area once in two years

Osseous Surgery

each quadrant/area once in two years

MAJOR SERVICES

(For employees who select the Enhanced Option Dental Plan)

Oral Surgery

Pre-Orthodontic Extractions of Permanent Teeth

Alveoplasty, Vestibuloplasty

once in eight years

Removal of Exostosis or Tori

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

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.