



ENROLLMENT INFORMATION Oberlin College

Contract Period: 1/1/2020 through 12/31/2020

SUPERIOR SMILES START WITH SUPERIOR DENTAL CARE

Dental coverage through SDC offers financial protection for maintaining oral health **and** helps care for general health in the process. Regular oral exams, like those covered by your SDC plan, prevent and detect dental problems before they turn into something serious. A simple routine dental check-up could even save your life, as major health problems can first show symptoms in the mouth. Your employer has selected a **SUPERIOR** dental plan for you to elect – please see the plan details below. Sign up today for your new **SUPERIOR** dental coverage...and let SDC keep you **smiling for a lifetime!**

| | Network Only Plan #1180 | | Core Plan #565 | | Enhanced Plan #1019 | |
|---|-------------------------|--------------------------|--------------------|--------------------------|---------------------|--------------------------|
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Preventive oral exams, x-rays, cleanings, fluoride treatments for children, emergency treatment, space maintainers | 100% | N/A | 100% | 100% | 100% | 100% |
| Basic fillings, root canal therapy, oral surgery, extractions, repairs & recementation, sealants for children, periodontal treatment | 50% | N/A | 90% | 90% | 90% | 90% |
| Major crowns, onlays, bridges, dentures, | 50% | N/A | N/A | N/A | 30% | 30% |
| Contract Maximum per member, per contract period; applies to Preventive, Basic & Major services | \$1,000.00 | N/A | \$1,000.00 | \$1,000.00 | \$1,500.00 | \$1,500.00 |
| Orthodontia Network Only Plan has no age limit | 50% | N/A | N/A | N/A | 50% | 50% |
| Orthodontia Maximum lifetime maximum applies to Orthodontic services | \$1,000.00 | N/A | N/A | N/A | \$1,250.00 | \$1,250.00 |
| Deductible applies to Basic & Major services and follows the contract period | None | None | \$25/\$75 | \$25/\$75 | \$50/\$150 | \$50/\$150 |
| Copay applies to Preventive exams | N/A | N/A | N/A | N/A | N/A | N/A |
| Network Access | No Balance Billing | Balance Billing Possible | No Balance Billing | Balance Billing Possible | No Balance Billing | Balance Billing Possible |

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. To review the complete List of Covered Services, refer to SDC's Evidence of Coverage or the Schedule of Benefits associated with the plan number above.

| Monthly Rates | Network Only Plan | Core Plan | Enhanced Plan |
|---------------------------------|-------------------|-----------|---------------|
| Employee | \$22.18 | \$25.99 | \$32.33 |
| Employee + Spouse/ Child | \$44.37 | \$52.09 | \$64.56 |
| Family | \$79.85 | \$95.05 | \$117.82 |

Rates listed are valid only for the plans above and for the contract period listed above.

PROTECT YOUR SMILE...AND YOUR MONEY!

SDC's dental plans focus on preventive services like cleanings and exams that can help you avoid major dental procedures and save you money. Without SDC dental coverage, the cost of an emergency dental procedure that wasn't detected and treated early can easily reach thousands of dollars. Additionally, 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.

NEARLY 650,000 NETWORK ACCESS POINTS ACROSS THE COUNTRY

NO WAITING PERIODS | NO BALANCE BILLING (in network) | NO CLAIM FORMS (in network) | NO MISSING TOOTH EXCLUSION

Notice: Any person obligated for any part of a pre-payment may cancel such agreement within 72-hours after having signed the agreement or offer to enroll. Cancellation occurs when written notice of cancellation is given to SDC or its agents or other representatives.

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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KEEPING YOU AND YOUR FAMILY SMILING FOR A LIFETIME

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