



**Superior Dental Care Alliance Small Group (2-19)
Network Driven Dental Care Plans**



**for Central & Southern Ohio – 2009
THE PREFERRED PLANS**

The following plans are available to groups with as few as 2 **enrolled** employees. These plans are guaranteed for 12 months when implemented by December 31, 2009. Employer groups with 20+ employees may fax a census of employees to Superior for a custom designed plan. Please refer to the back of this page for selling and benefit guidelines associated with these plans.

All Services must be rendered by a participating dentist to be eligible for coverage. Please visit Superior's website www.superiordental.com for a directory of participating dentists and EyeMed discounts and locations.

Small Group Dental Plans - Ohio Available to groups with 2 or more enrolled employees.				
Plan #	Preventive Basic Major Contract Maximum (per member, per contract period) No Deductible	2-Tier	3-Tier	
			2-Tier	3-Tier
Plan #646	100% 50% 30% \$750.00	\$18.12/employee \$51.40/family	\$18.12/employee \$38.30/emp + 1 \$56.65/family	
Plan #631	100% 50% 50% \$1,000.00	\$22.12/employee \$62.36/family	\$22.12/employee \$46.64/emp + 1 \$69.04/family	
Plan #610	100% 80% 50% \$1,000.00	\$25.66/employee \$72.19/family	\$25.66/employee \$53.80/emp + 1 \$79.58/family	
Preventive: oral exams, x-rays, cleanings, fluoride treatments for children, emergency treatment Basic: fillings, root canal therapy, oral surgery, extractions, repairs & recementation Major: crowns, onlays, bridges, dentures, sealants for children, periodontal gum treatment <p align="center">All Dental plans receive a complimentary vision plan through EyeMed Vision Care®</p>				

UNDERWRITING GUIDELINES

Employer Contribution: N/A
 Participation Requirement: Minimum of 2 enrolled employees.

ADDITIONAL RATING OPTIONS

- For a SOCA/Chamber Membership reduce the above rates by 5%
- To add a Deductible of \$50/\$150 reduce the above rates by 5%
- To add an Orthodontic benefit of 50%
With a Lifetime Maximum of \$1,000
(Minimum 10 enrolled employees) add 10% to the employee+1 and/or family rate(s).

***NO CLAIM FORMS * NO WAITING PERIODS * NO BALANCE BILLING * NO MISSING TOOTH CLAUSE**

The Preferred Plans are underwritten by Superior Dental Care, Inc.

SELLING GUIDELINES

Superior offers these "community rated" plans to groups with as few as 2 **enrolled** employees in the following Ohio counties: Adams, Athens, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Coshocton, Darke, Delaware, Fairfield, Fayette, Franklin, Gallia, Greene, Guernsey, Hamilton, Harrison, Highland, Hocking, Holmes, Jefferson, Jackson, Knox, Lawrence, Licking, Logan, Madison, Marion, Meigs, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Preble, Ross, Scioto, Shelby, Tuscarawas, Union, Vinton, Warren, Washington. Employers may select one plan for their employees and must follow the contribution and participation requirements.

Superior is a network plan with over 5,000 participating dental offices and growing. To be eligible for benefits, **members must seek care from a participating dentist**. You may access our directory of participating dentists on our website www.superiordental.com. Superior's website allows you to access group applications and employee enrollment forms as well. You may also call us at (937) 438-0283 or (800) 762-3159 or contact your insurance agent for more information.

BENEFIT OUTLINE

This plan is **hassle-free & paperless**:

- No claim forms
- No waiting periods
- No balance billing

Renewals: Groups will automatically renew on their anniversary date, unless prior written notification is received. However, if the group elects to change plan designs, please let us know by the **10th of the month prior to the renewal date** so we can implement the change before their renewal.

Eligibility Information: Primary dependents will be covered to age 18 and full time students will be covered to age 23 or IRS Dependents will be covered to age 23*.

Vision Coverage: As a member of Superior Dental Care Alliance, you automatically receive this value-added benefit for you and your eligible dependents. The vision plan discount is administered through EyeMed Vision Care. The program provides discounts on examinations and materials at unlimited frequencies. Discounts towards these products and services are offered through LensCrafters, Sears, Target, JCPenney, Pearl Vision Centers, Optique locations worldwide, and at participating providers. Additionally, members will receive 15% savings towards either LASIK or PRK laser vision correction through the U.S. Laser Network Centers.

SMILERIDERTM: When enrolling in Superior, you automatically receive this value-added benefit for you and your eligible dependents. This is a supplemental cosmetic rider that provides deep discounts for elective cosmetic services including teeth whitening, veneers, bonding, porcelain facings, etc. Please consult Superior's directory of dentists or Superior's website for a listing of dentists who provide these services in your area.

Enrollment Form: When completing your enrollment form, please keep in mind you are required to stay on the plan for a full contract period. If you elect to waive coverage initially, your next opportunity to enroll will be at next year's open enrollment period. Enrollment changes can only be made at open enrollment unless you experience a "lifestyle change" (i.e., change in marital status, birth, etc.). Please notify Superior within 31 days of this lifestyle change.

Online Enrollment: You may also submit enrollments, terminations, ID cards requests, and other changes electronically through **Superior Direct Connect**, Superior's online account management system. This is a secure and confidential site. To sign up, access www.superiordental.com and click on the Superior Direct Connect icon. Complete and submit the registration form. A password and user ID will be e-mailed to you.

Superior does **coordinate benefits**. If enrolling your family, please give Superior information regarding any dental insurance your spouse may have. Superior follows the rules established by state law for coordination of benefits to decide which plan pays first. When covering dependents, the birthday rule is used --- the parent whose birthday comes first in the calendar year is considered the primary carrier. If a divorce has occurred the plan follows divorce decree.

Emergencies: If you are 50 miles or more away from your regular dentist and you experience pain, bleeding or swelling to the mouth, see any dentist available for the relief of the condition. See your regular dentist when you return to the area for the cure of the problem and be sure to submit all receipts to Superior as soon as possible. (Accidents/blows to the mouth are covered under medical.)

Pre-determinations: Pre-determinations need to be sent in by your dentist for any services over \$400.00 or for periodontal services. Your responsibility is to ask your dentist if the Pre-determination was done, approved and what is your copayment. A copy of the Pre-determination will be mailed to you and your dentist. **Alternative Benefits** are based on the least expensive, professionally acceptable course of treatment. If the member and his/her dentist decide on the more expensive treatment, the additional cost will be the member's responsibility. **All services** are subject to the policies and procedures of Superior.

*Eligibility criteria will be effective 1/1/09.