

Open Access Small Group Dental Plans

	Plan A In/Out of Network	Plan B In/Out of Network	Plan C In/Out of Network
Preventive	100%	100%	100%
Basic	50%	50%	80%
Major	30%	50%	50%
Contract Maximum	\$750	\$1,000	\$1,000
Orthodontia (Optional)	See options below	See options below	See options below
Deductible (applies to Basic and Major only)	\$50/\$150	\$50/\$150	\$50/\$150
Copay (applies to Preventive exams only)	\$0	\$0	\$0

Base Plans without Orthodontia

Employee	\$20.53	\$25.06	\$29.08
Employee + 1	\$41.06	\$50.11	\$58.61
Employee + Child(ren)	\$51.33	\$62.64	\$72.70
Family	\$66.23	\$80.23	\$92.64

Additional Rating Options

First, select the desired base rates, then begin calculations of any additional rating options

No Deductible	Base rates plus 5%	Base rates plus 5%	Base rates plus 5%
Sole Proprietor	Base rates plus 10%	Base rates plus 10%	Base rates plus 10%
\$25/\$75 Deductible (applies to Basic and Major only)	Base rates plus 3%	Base rates plus 3%	Base rates plus 3%
\$50/\$100 Deductible (applies to Basic and Major only)	Base rates plus 2%	Base rates plus 2%	Base rates plus 2%
\$750 Contract max	N/A	Base rates less 5%	Base rates less 5%
\$1,000 Contract max	Base rates plus 5%	N/A	N/A
\$1,500 Contract max	Base rates plus 11%	Base rates plus 11%	Base rates plus 11%
50%/\$750 Orthodontia (minimum 10 enrolled employees)	Base rates plus 7.5% (on any tier greater than EE)	Base rates plus 7.5% (on any tier greater than EE)	Base rates plus 7.5% (on any tier greater than EE)
50%/\$1,000 Orthodontia (minimum 10 enrolled employees)	Base rates plus 10% (on any tier greater than EE)	Base rates plus 10% (on any tier greater than EE)	Base rates plus 10% (on any tier greater than EE)
Endodontics in Major	Base rates less 4%	Base rates less 4%	Base rates less 4%
Periodontics in Basic	Base rates plus 2%	Base rates plus 2%	Base rates plus 2%
Copay of \$10 (applies to Preventive exams only)	Base rates less 5%	Base rates less 5%	Base rates less 5%

All changes and/or calculations added to the listed rates must be approved by SDC before finalization

No Waiting Periods—No Missing Tooth Clause—No Balance Billing (In Network)—No Claim Forms (In Network)

SDC Ohio SOCA Dental Plans—2018 2-50 enrolled employees

The small group dental plans are guaranteed for 12 months when implemented by December 31, 2018. **Employer groups with 30 or more enrolled employees may be considered for other plan options.** Employer groups with 51 enrolled employees or more will be individually underwritten based on the group's specifications. Current groups with SDC may not be eligible for these rates.

National network

SDC is licensed to sell to groups domiciled in Ohio, Kentucky and Indiana, with our network of participating dentists and specialists offering coverage across the country with **over half a million access points nationwide** and growing. *Enrolled Members are encouraged to seek care from a participating dentist.* Please visit SDC's website superiordental.com for a directory of participating dentists.

SDC group underwriting guidelines

Employer Contribution: N/A

Participation Requirement: Minimum of 2 enrolled employees; minimum of 10 enrolled employees for the Orthodontia options.

Group Size: Employer groups with 2-50 enrolled employees may select 1 plan for their employees and must follow the participation requirements.

Continued Eligibility: Determined at the time of renewal based on group size and specifics.

SOCA Criteria: To receive the SOCA discount, confirmation of a current SOCA membership must be submitted to SDC with the completed group application. Sole proprietors with a confirmed SOCA membership are eligible and expected to pay quarterly in advance.

**SIGN UP
IS EASY!**

Contact SDC's Account Services team
accountservices@superiordental.com
800.762.3159 | superiordental.com

Sole Proprietor Enrollment, Billing and Terminations: Eligible effective dates for sole proprietor groups and members are: January 1st, April 1st, July 1st, or October 1st. SDC will not accept sole proprietor effective dates for any other month. All paperwork, including the group application, enrollment form, auto pay form, and a copy of a voided check must be fully completed and submitted on or before the 10th of the month prior to the effective date. For example, a sole proprietor with an effective date of January 1st would need to have all forms submitted on or before December 10th. Sole proprietors that miss this deadline will be enrolled on the next eligible effective date. Sole proprietors are expected to pay quarterly in advance. The premium billing statement will be sent on or around the 15th of the last month in each quarter and will include the three months in the upcoming quarter. The quarterly premium payment will be deducted from your designated business account on or around the 10th of the first month in each quarter. Full payment for each quarter is expected for coverage to continue. For example, for the first quarter starting January 1st, the premium billing statement will be sent on or around December 15th and will include January, February and March and the quarterly premium payment will be automatically deducted on or around January 10th for the same three months. Groups that term with SDC will be ineligible to reapply for a period of 2 years.