

Schedule of Benefits – Plan #1021	In Network	Out of Network
Preventive	100%	100%
Basic	50%	50%
Major	50%	50%
Contract Maximum	\$1,250.00	\$1,250.00
Deductible <i>(applies to Basic and Major services)</i>	\$50/\$150	\$50/\$150
Orthodontia	50%	50%
Lifetime Ortho Max	\$1,000.00	\$1,000.00
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) 2x contract period; **TOPICAL APPLICATION OF FLUORIDE** 1 treatment 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** 3 per contract period; **MINOR EMERGENCY TREATMENT** for the temporary relief of pain, bleeding or swelling

BASIC SERVICES

SPECIALIST EXAMINATIONS 1x per contract period for endodontics, periodontics, or oral surgery; **SPACE MAINTAINERS** 1x lifetime per area for children under 15; **ORAL SURGERY** (includes local anesthesia/routine postop care); Extractions (Pre-orthodontics are included in the Major Category); Removal of Periapical and Follicular Cysts; Intraoral Incision and Drainage; 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 in 2 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 2 years per surface; Sedative Filling 1x 2 years per tooth; Pins 1x 2 years per tooth; Prefabricated Crowns (replaceable after 2 years in place); Recementation (onlays, inlays, crowns and bridges) 1x 2 years; **REPAIRS** (includes repairs to crowns, bridges, and complete or partial dentures) 1x 2 years

MAJOR SERVICES

PERIODONTICS/SURGICAL PERIODONTICS (includes local anesthesia and postop care); Periodontal Scaling and Root Planing 1x 3 years each quadrant; Periodontal Maintenance (root planing followed by osseous surgery - a single course of treatment) 2x per contract following a course of full mouth periodontal treatment; Complete Occlusal Adjustment 1x 3 years following periodontal surgery; Gingivectomy each quadrant/area 1x 3 years; Gingival Grafts 1x 3 years each quadrant/area; Osseous Surgery 1x 3 years each quadrant/area; **ORAL SURGERY** Pre-Orthodontic Extractions of Permanent Teeth; Alveoplasty, Vestibuloplasty 1x 10 years; Removal of Exostosis or Tori; **SEALANTS** (posterior permanent teeth only); 1x lifetime per tooth for children under 15; **PROSTHODONTICS** (replaceable or eligible after 10 years in place) Bridge Abutments (See Crowns Onlays and Inlays); Pontics (See Crowns Onlays and Inlays); Removable Partial Dentures; Complete Dentures; Rebasing replaceable after 3 years in existence; Relining 1x 3 years; **DENTURE ADJUSTMENT** 1x contract period; **CROWNS ONLAYS AND INLAYS** 1x 10 years on the same tooth (replaceable after 10 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, abutments, and pontics for the same tooth); Crowns, Onlays, Inlays, Post and Core; **IMPLANTS** - 1 x 10 years; Surgical placement of implant, Implant supported prosthetics, Repair of an implant, Removal of an implant

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. Services which are not Dentally Necessary, do not meet accepted standard of care, or are experimental 2. Services for which You would not be required to pay in the absence of Dental Insurance 3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person 4. Services which are primarily cosmetic 5. Services which are neither performed nor prescribed by a Dentist or Dental Hygienist 6. Services or appliances which restore or alter occlusion or vertical dimension 7. Restoration of tooth structure damaged by attrition, abrasion or erosion 8. Restorations or appliances used for the purpose of periodontal splinting 9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. 10. Personal supplies or devices 11. Decoration, personalization or inscription of any tooth, appliance or crown 12. Missed appointments 13. Services covered under any workers' compensation or occupational disease law covered under any employer liability law for which the employer of the person receiving such services is not required to pay or received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital 14. Services for which the employer of the person receiving such services is not required to pay or received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital 15. Services covered under any workers' compensation, occupational disease or employer liability law for which the employee/or Dependent received benefits under that law 16. Services for which the employer of the person receiving such services is not required to pay; or received at a facility maintained by the policyholder, labor union, mutual benefit association, or VA hospital. 17. Services covered under other coverage provided by the Employer 18. Temporary or provisional restorations or appliances 19. Prescription drugs 20. Services for which the submitted documentation indicates a poor prognosis 21. The following when charged by the Dentist on a separate basis claim form completion infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide 22. Dental services arising out of accidental injury to the teeth and supporting structures 23. Caries susceptibility tests 24. Other fixed Denture prosthetic services not described elsewhere in this certificate 25. Precision attachments, except when the precision attachment is related to implant prosthetics 26. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it 27. Duplicate prosthetic devices or appliances 28. Replacement of a lost or stolen appliance, cast restoration or denture 29. Intra and extraoral photographic images 30. Fixed and removable appliances for correction of harmful habits 31. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards 32. Diagnosis and treatment of temporomandibular joint (TMJ) disorders

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 www.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: www.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

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® Discount Plan

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. 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.

Second Opinion

SDC will provide a 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.