



ENROLLMENT INFORMATION FOR: Sandusky County

Contract Period: 1/1/2015 through 12/31/2015

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!*

	Core Plan #1026		Mid Plan #339		Enhanced Plan #340	
	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, sealants for children, space maintainers	100%	100%	100%	100%	100%	100%
Basic fillings, root canal therapy, oral surgery, extractions, repairs & recementation	50%	50%	90%	80%	90%	80%
Major crowns, onlays, bridges, dentures, periodontal treatment	50%	50%	60%	50%	60%	50%
Contract Maximum per member, per contract period	\$1,000.00	\$1,000.00	\$750.00	\$750.00	\$1,000.00	\$1,000.00
Orthodontia	N/A	N/A	N/A	N/A	50%	50%
Ortho Maximum	N/A	N/A	N/A	N/A	\$1,000.00	\$1,000.00
Deductible applies to Basic & Major services and follows the contract period	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Copay applies to Preventive exams	N/A	N/A	N/A	N/A	N/A	N/A
Network Access	Open Access Same level of coverage in and out of network		Point of Service		Point of 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.

Rates Per Pay Period	Core Plan	Mid Plan	Enhanced Plan
Employee	\$9.96	\$11.88	\$13.20
Employee + Spouse	\$22.74	\$27.18	\$30.24
Employee + Child(ren)	\$21.78	\$25.98	\$28.92
Family	\$33.60	\$40.20	\$44.70

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.

9,000 NETWORK ACCESS POINTS THROUGHOUT OHIO, KENTUCKY, INDIANA AND BEYOND

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

6683 Centerville Business Parkway, Centerville, Ohio 45459 | Local 937.438.0283 | Toll-Free 800.762.3159 | Fax 937.438.0288

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