

Schedule of Benefits – Plan #1462

	In Network	Out of Network
Preventive	100%	70%
Basic	80%	60%
Major	60%	40%
Contract Maximum	\$2,000.00	\$2,000.00
Deductible <i>(applies to Basic and Major services)</i>	N/A	\$50/\$100
Orthodontia	50%	35%
Lifetime Ortho Max	\$1,250.00	\$800.00
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**
BITEWING X-RAYS up to 2 sets Bitewings per contract period; **FULL MOUTH X-RAYS OR PANORAMIC SURVEY** 1x 3 years; **INTRAORAL**
PERIAPICAL X-RAYS; **MINOR EMERGENCY TREATMENT** for the temporary relief of pain, bleeding or swelling; **SPACE MAINTAINERS**
for children under 19; **SEALANTS** (posterior permanent teeth only) 1x lifetime per tooth for children under 13

BASIC SERVICES

SPECIALIST EXAMINATIONS 1x per contract period for endodontics, periodontics, or oral surgery; **ORAL SURGERY** (includes local anesthesia/routine postop care); Extractions; 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); Therapeutic Drug Injection; Alveoplasty, Vestibuloplasty 1x 5 years; Removal of Exostosis or Tori; **ENDODONTICS** (includes local anesthesia, x-rays and routine postop care); Root Canal Treatment; Surgical Endodontics; **RESTORATIVE** (includes local anesthesia); Restorations (amalgam and composite) - to restore teeth damaged by decay or traumatic injury; Sedative Filling; Pins; Prefabricated Crowns; Recementation (onlays, inlays, crowns and bridges) *more than six months after installation*; **REPAIRS** (includes repairs to crowns, bridges, and complete or partial dentures) *more than six months after installation*; Rebasing; Relining 1x 3 years; **PERIODONTICS/SURGICAL PERIODONTICS** (includes local anesthesia and postop care); Periodontal Scaling and Root Planing; Periodontal Maintenance (root planing followed by osseous surgery - a single course of treatment) 3x in 12 consecutive months during a course of full mouth periodontal treatment; Complete Occlusal Adjustment; Gingivectomy; Gingival Grafts; Osseous Surgery

MAJOR SERVICES

PROSTHODONTICS (replaceable after 5 years in place) Bridge Abutments (See Crowns, Inlays and Onlays); Pontics (See Crowns, Inlays and Onlays); Removable Partial Dentures; Complete Dentures; **CROWNS, INLAYS AND ONLAYS** (replaceable after 5 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, Inlays, Onlays, Post and Core; **IMPLANTS** 1x 5 years per tooth; 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 19. 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

The following items are not covered under SDC dental plans unless your plan indicates otherwise on the reverse side of this document.

(1) Services other than those specifically covered herein. (2) Charges for any dental services and supplies which are covered in whole or in part under any other Plan or benefits provided by the Employer. (3) Charges for treatment by other than a Dentist or a Graduate Student Dentist of the Case Western Reserve University Dental Clinic, except for legally delegated services performed by a licensed Dental hygienist. (4) Charges for services or supplies that are Cosmetic in nature, including charges for personalization or characterization of dentures. (5) Services rendered or provided prior to the effective date of coverage. (6) Services Incurred after coverage termination. (7) Services that were ordered while the individual was covered for Dental expense benefits but are finally installed or delivered to such individual more than 60 days after termination of coverage. (8) Charges for the replacement of a lost, missing or stolen prosthetic device. (9) Charges for any duplicate prosthetic device or any other duplicate appliance. (10) Charges for oral hygiene, dietary instructions, plaque control and other educational programs. (11) Dentures, crown, inlays, onlays, bridgework and other appliances or services intended to increase vertical dimension or restore occlusion. (12) Charges for bite splints and/or occlusal guards. (13) Treatment of temporomandibular joint (TMJ) syndrome. (14) Charges for drugs or medications. (15) Services for which the individual is not required to make payment or for which no charge would be made in the absence of coverage. (16) Services for which payment or reimbursement is received by or for the account of the individual as a result of legal action or settlement. (17) Charges for veneers. (18) Charges for services or supplies furnished, paid for, or for which benefits are provided or required by reason of the past or present service of any person in the armed forces of a government. (19) Charges for services or supplies for which benefits are furnished, paid for, or for which benefits are provided or required by any law of a government. (20) Treatments which are for an Illness or Injury occurring in the course of employment if whole or partial benefits or compensation are available under the Workers' Compensation Act or any similar law. This applies whether or not the Covered Person claims such compensation or recovers losses from a third party. (21) Treatment for any Injury resulting from or occurring during your commission of a felony. (22) Treatment for Illness or Injury that occurs as a result of any act of war. (23) Charges for services or supplies which do not meet accepted standards of dental practice, including charges for services or supplies which are Experimental and/or Investigational in nature. (24) Charges for services provided in an Inpatient Hospital setting.

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 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: 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 eyemed.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.

Free Second Opinion 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.

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.