Dental Benefit List of Covered Services:

PREVENTIVE SERVICES

Oral Evaluations
Two per contract period

Prophylaxis (cleaning)
Two per contract period

Topical Application of Fluoride
One treatment per contract period for children under age 15

Bite-wing X-rays
Up to four bite-wings per contract period

Full Mouth X-rays or Panoramic Survey
Once in five years

Intraoral Periapical X-rays
Three per contract period

Minor Emergency Treatment
For the relief of pain, bleeding or swelling, but not the cure of the disease

Sealants (Posterior permanent teeth only)
Once per lifetime per tooth for children under age 15

BASIC SERVICES

Specialist Examinations
Once per contract period for endodontics, periodontics, or oral surgery

Space Maintainers
Once per lifetime per area for children under age 19

Oral Surgery
(Includes local anesthesia and routine postoperative care.)

Extractions
(Not to include pre-orthodontic. These extractions are included under 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

Endodontics
(Includes local anesthesia, x-rays and routine postoperative care.)

Root Canal Treatment
Once in three years per tooth

Surgical Endodontics
Once per lifetime per tooth

Restorative
(Includes local anesthesia)

Restorations (amalgam and composite) - to restore teeth damaged by decay or traumatic injury.
Once in three years per surface

Sedative Filling
Once in three years per tooth

Pins
Once in three years per tooth

Prefabricated Crowns
Replaceable after three years in existence

Recementation (onlays, crowns and bridges)
Once in two years

Repairs
(Includes repairs to crowns, bridges, and complete or partial dentures.)
Once in two years

MAJOR SERVICES

Periodontics/Surgical Periodontics (Includes local anesthesia and postoperative care.)

Periodontal Scaling and Root Planing
Each quadrant once in two years

Periodontal Maintenance
(Root planing followed by osseous surgery is a single course of treatment)
Eligible twice within two years during a course of full mouth periodontal treatment

Complete Occlusal Adjustment
Once in two years following periodontal surgery

Gingivectomy
Each quadrant/area once in two years

Gingival Grafts
Each quadrant/area once in two years

Osseous Surgery
Each quadrant/area once in two years

Orthodontics

Orthodontic Extractions of Permanent Teeth

Alveoplasty, Vestibuloplasty
Once in eight years

Removal of Exostosis or Tori

Prosthodontics

Bridge Abutments (See Crowns and Onlays)
Replaceable after eight years in existence

Pontics (See Crowns and Onlays)
Replaceable after eight years in existence

Removable Partial Dentures
Replaceable after eight years in existence

Complete Dentures
Replaceable after eight years in existence

Rebasing
Replaceable after eight years in existence

Relining
Once in three years

CROWNS AND ONLAYS

Covers services for replacement of missing teeth.

No missing tooth provision

Covered services may be considered for benefit as soon as you come under the plan.

No waiting periods

Covered services may be considered for benefit as soon as you come under the plan.

Online Dentist Directory

Visit www.superiordental.com and click on the “Find A Dentist” icon and search under the Preferred plan type.

Member Services hours

7:30-5:00 Monday through Friday.

Largest Regional Network of Dentists and Specialists

Each year SDC adds hundreds of dentists and specialists to our network. With this vast selection, you’re sure to find one close to home, work or school.

SDC’s Features and Highlights

With this vast selection, you’re sure to find one close to home, work or school.

MAJOR SERVICES continued

Oral Surgery

Pre-Orthodontic Extractions of Permanent Teeth

Alveoplasty, Vestibuloplasty
Once in eight years

Removal of Exostosis or Tori

Prosthodontics

Bridge Abutments (See Crowns and Onlays)
Replaceable after eight years in existence

Pontics (See Crowns and Onlays)
Replaceable after eight years in existence

Removable Partial Dentures
Replaceable after eight years in existence

Complete Dentures
Replaceable after eight years in existence

Rebasing
Replaceable after eight years in existence

Relining
Once in three years

CROWNS AND ONLAYS

(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, crowns, abutments, and pontics for the same tooth.)

Crows
Once in eight years on the same tooth and replaceable after eight years in existence

Onlays
Once in eight years on the same tooth and replaceable after eight years in existence

Post and Core
Once in eight years on the same tooth and replaceable after eight years in existence

ORTHODONTIC SERVICES

Superior Dental Care’s (SDC) orthodontia benefits are limited to members under 20 years of age. Coverage includes orthodontic procedures under a “Treatment Plan” that has been evaluated through a pre-determination of benefits by SDC. The dentist providing this service must supply SDC with films and study models upon request.

The one-time Record/Diagnosis fee shall consist of the initial exam, diagnosis and consultation, x-rays, and study models. This fee can be submitted for payment separately from the treatment plan and will apply to the member’s lifetime maximum. Payments for orthodontic treatment 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 a member of SDC and in active treatment. Patients in retention are not covered.

For orthodontic treatment in progress at the time of eligibility, SDC will review the initial estimate of treatment months and total cost to determine benefit eligibility. This calculation will be 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.
The following items are not covered under SDC dental plans unless your plan indicates otherwise on the reverse side of this document.

1. Services performed for cosmetic reasons, including personalization or characterization of dentures 2. Services or supplies that are considered experimental according to standard dental practice 3. Services or procedures started prior to the effective date of coverage. Prosthetic devices and crowns will not be covered if impressions are taken before the effective date of coverage 4. Services or procedures completed after the date of termination, unless stated elsewhere in this certificate 5. Missed appointment charge 6. Replacement of lost or stolen prosthetic devices unless it is after the limitation date 7. Analgesics or other drugs and prescriptions 8. Hospital related charges 9. Appliances or restorations, other than full dentures, for the primary purpose of increasing vertical dimension or restoring occlusion 10. Any restoration done for reasons of erosion, abrasion, and/or wear 11. Veneers 12. Inlays and related services 13. Crown lengthening 14. Services for educational purposes 15. Splinting 16. Services covered under Workers Compensation, Federal or State agencies 17. Services performed by another than a licensed dentist, except for legally delegated services to a licensed dental hygienist or licensed expanded functions auxiliary 18. Surgery, treatment and x-rays for Craniomandibular disorders (TMJ) 19. Orthognathic surgery 20. Crowns or Onlays for teeth where there is no opposing tooth 21. Laboratory charges 22. Services performed on a tooth with poor prognosis 23. Coverage for permanent crowns and prosthetics for members under the age of 17 24. Services performed for which no payment would normally be required 25. Temporary/Provisional Services 26. Pre-Orthodontic extractions; but, only when the selected plan includes no orthodontic benefits. 27. Implants and related services 28. Appliances or devices such as occlusal guards, bite planes, tongue thrust, etc. used for the primary purpose of correcting harmful habits such as: grinding or clenching of teeth, tongue thrust, or thumb sucking, etc.

Pre-determination of Benefits
Pre-determination of Benefits is necessary if services are for $400.00 or more or for periodontal services. Alternate benefits may be received when there is more than one acceptable course of treatment. In this situation, SDC will provide benefits based on the least expensive, professionally accepted treatment. If you and your dentist choose a more expensive treatment, the additional cost will be your responsibility. All services are subject to the policies and procedures of SDC.

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. SDC’s payment is based on the type of plan and the amount the other plan has benefited. The objective is to make sure the combined payments of all plans are no more than your actual bills. The birthday rule applies for covered dependents – whichever parent’s birthday comes 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 under the Members tab and in the Member Support page as well as in Superior Direct Connect, your online resource and account management tool. 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. Access to SDC’s Notice of Privacy Practices is also provided at the Member Support Center.

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.

SDC’S DENTAL PLAN ADD-ON’S
SDC offers two special bonus features at no additional charge!

SMILE RIDER®

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®

SDC offers a vision discount plan through EyeMed Vision Care at www.eyemedvisioncare.com. This program offers significant savings and there are no limitations on the frequency of use. Be sure to mention you are a member of Superior Dental Care.

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Sealants in Preventive