



SOCA PLANS

SDC offers these specially rated dental plans to members of participating Southern Ohio Chamber Alliance (SOCA) Chambers of Commerce. These plans are available to groups with 50 or less enrolled employees as well as sole proprietors domiciled within the areas identified in blue on the map on the front of this brochure.

SUPERIOR WELLNESS BUNDLES

In addition to truly superior dental plans, SDC offers **Superior Vision** plans through our Superior Wellness Bundles. By adding a fully-funded Superior Vision plan to your SDC SOCA dental plan, your group can take advantage of one-source enrollment, installation and billing for both lines of coverage. Plus, your group will receive special vision rates available only through our Superior Wellness Bundles! Contact us at **AccountServices@superiordental.com** to create your own Superior Wellness Bundle.

ONLINE RESOURCES

Managing your SDC plan is a snap with the following convenient online resources:

Find-A-Dentist: SDC's online network search tool available on our website at **superiordental.com**.

Small Group Center: Convenient self-service center at **superiordental.com/emp_smallGroup.htm** includes important forms, renewal information, contact information and more.

Superior Direct Connect: Provides groups and their enrolled employees secure online access to SDC plan information.

S.O.S.: Connect to Superior Online Support (S.O.S.) to chat with an SDC representative from our website.

SDC Mobile: SDC's mobile app gives enrolled employees secure, on-the-go access to benefit information, claims, mobile ID card, Find-A-Dentist and more.

ADDITIONAL BENEFITS

SDC is pleased to offer the following value-added benefits at no additional charge with all SOCA dental plans:

Free Second Opinions

With SDC's **free second opinion** feature, members have the option to get a no-cost second opinion from a participating dentist for extensive treatments that include numerous or costly services. The free second opinion will not count against any plan benefits as long as it's pre-coordinated through SDC's member services team.

SMILERIDER® Discount Program

SDC's **SMILERIDER** is a supplemental cosmetic rider included in all plans at no additional cost. **SMILERIDER** provides a 15% discount for elective cosmetic services such as teeth whitening, veneers, bonding, and porcelain facings. To find a participating **SMILERIDER** dentist, visit the Find-A-Dentist search tool on our website at **superiordental.com** or review our printed directory.

EyeMed Vision Care® Discount Plan

An **EyeMed Vision Care Discount Plan** is included at no charge with every SDC membership. This plan offers reduced fees for exams, frames, lenses, and contact lenses at LensCrafters, Sears, Target, JCPenney, Pearle Vision Centers, and Optique locations worldwide, as well as at participating providers. All discounts are provided at the point-of-service and the frequency is unlimited. The EyeMed Vision Discount Plan also provides a 15% savings off the retail price of Lasik and PRK procedures at all U.S. Laser Network Centers (*members must first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount*). To find a participating EyeMed vision provider near you, **please call toll-free 1-877-723-0513 or visit eyemedvisioncare.com**.



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2017 SOCA DENTAL PLANS

LEADING THE WAY IN DENTAL BENEFITS



SUPERIOR DENTAL CARE 2017 SOCA DENTAL PLANS

Offered to groups with 50 or less enrolled employees and sole proprietors

SDC – SOCA Group Plans				SDC-Kids Plans ACA compliant Essential Health Benefits (EHBs) for children under age 19 for groups with 50 employees or less			
	In Network	Out of Network		In Network	Out of Network		
Plan A	100%	100%	Preventive	SDC-Kids Low Plan	90%	70%	Preventive
	50%	50%	Basic		70%	50%	Basic
	30%	30%	Major		50%	30%	Major
	\$750	\$750	Contract Maximum (per member, per contract period)		50%	50%	Orthodontia (medically necessary)
			No Deductible		\$350/\$700	N/A	Out of Pocket Maximum (child/2 or more children)
					\$75	\$150	Deductible
Plan B	100%	100%	Preventive	SDC-Kids High Plan	100%	90%	Preventive
	50%	50%	Basic		70%	60%	Basic
	50%	50%	Major		50%	40%	Major
	\$1,000	\$1,000	Contract Maximum (per member, per contract period)		50%	50%	Orthodontia (medically necessary)
			No Deductible		\$350/\$700	N/A	Out of Pocket Maximum (child/2 or more children)
					N/A	\$50	Deductible
Plan C	100%	100%	Preventive	SDC-KIDS PLAN – COVERED SERVICES			
	80%	80%	Basic	Preventive Services: oral exams and fluoride treatments (covered in full, in network for children under age 10), x-rays, cleanings, emergency treatment, sealants, space maintainers			
	50%	50%	Major	Basic Services: fillings, oral surgery, extractions, repairs and re cementation			
	\$1,000	\$1,000	Contract Maximum (per member, per contract period)	Major Services: crowns, onlays, bridges, root canal therapy, dentures, surgical periodontal treatments			
			No Deductible	Medically Necessary Orthodontia: orthodontic treatments must be approved as medically necessary before any coverage will be considered.			
SDC GROUP PLAN – COVERED SERVICES				To review the complete List of Covered Services, refer to the SDC-Kids Evidence of Coverage.			
Preventive Services: oral exams, x-rays, cleanings, fluoride treatments for children, emergency treatment							
Basic Services: fillings, root canal therapy, oral surgery, extractions, repairs and re cementation							
Major Services: crowns, onlays, bridges, dentures, sealants for children, periodontal treatment							
To review the complete List of Covered Services, refer to SDC's Evidence of Coverage.							

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 50 or less enrolled employees may select 1 plan for their employees and must follow the participation requirements.

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 or specialist to maximize their benefits.** 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.

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.

ADDITIONAL RATING OPTIONS

- **Sole Proprietors:** Base rates plus 10%
- **Add a Deductible* of \$25/\$75:** Base rates less 2%
- **Add a Deductible* of \$50/\$100:** Base rates less 3%
- **Add a Deductible* of \$50/\$150:** Base rates less 5%
- **Reduce the Contract Max to \$750:** Base rates less 5% (for plans B & C)
- **Increase the Contract Max to \$1,000:** Base rates plus 5% (for plan A)
- **Increase the Contract Max to \$1,500:** Base rates plus 11% (for plans B & C)
- **Add an Orthodontic Benefit** of 50%/\$750 (minimum 10 enrolled employees):** Base rates plus 7.5% to the ee+1 and family rates
- **Add an Orthodontic Benefit** of 50%/\$1,000 (minimum 10 enrolled employees):** Base rates plus 10% to the ee+1 and family rates
- **To Move Endo to Major:** Base rates less 4% (for plans A & C)
- **To Move Perio to Basic:** Base rates plus 2% (for plans A & C)
- **To Add a \$10 Copay:** Base rates less 5%

*Deductibles only apply to the Basic and Major categories and follow the contract period.

**Children in current Orthodontia treatment will continue with the SDC Group Orthodontia coverage rather than following the SDC-Kids plan/ACA Compliant Coverage for medically necessary Orthodontia treatment.

ee = employee only | ee+1 = employee plus 1 dependent (spouse/child)
family = employee plus 2 or more dependents

The SDC-Kids plans are federally certified stand-alone dental plans that contain all of the Patient Protection and Affordable Care Act (ACA) required pediatric oral essential health benefits. These plans are available for children under age 19. Groups domiciled in Ohio with 50 or less employees may select one of the SDC-Kids plans as an add-on to an SDC group/adult stand-alone dental plan. Adding an SDC-Kids plan to an SDC group/adult plan will assure groups with 50 or less employees meet the ACA requirements for pediatric oral essential health benefits. **SDC-Kids plans are also available as a stand-alone product (see SDC-Kids Plan Benefit Outline).**

Rates are guaranteed for twelve months when implemented by December 31, 2017. Superior Dental Care (SDC) will honor these rates as written and submitted by SDC. Any changes to this rate sheet—including additions, omissions, and errors in transfer of data—not made by SDC, made after the rates were submitted by SDC, or that differ from the original copy retained by SDC will not be honored. These rates include all applicable ACA taxes and fees.

RATES	SDC – SOCA Group Plans		SDC – SOCA Group with SDC-Kids Low Plan (ACA Compliant Plans)		SDC – SOCA Group with SDC-Kids High Plan (ACA Compliant Plans)	
	Base Rates 2-Tier	Base Rates 3-Tier	Base Rates with Kids – Low 2-Tier	Base Rates with Kids – Low 3-Tier	Base Rates with Kids – High 2-Tier	Base Rates with Kids – High 3-Tier
Plan A	\$21.61/ee \$61.30/family	\$21.61/ee \$45.38/ee+1 \$69.98/family	\$24.98/ee \$70.86/family	\$24.98/ee \$52.46/ee+1 \$80.90/family	\$25.80/ee \$73.18/family	\$25.80/ee \$54.17/ee+1 \$83.55/family
Plan B	\$26.38/ee \$74.38/family	\$26.38/ee \$55.40/ee+1 \$82.29/family	\$29.82/ee \$84.07/family	\$29.82/ee \$62.63/ee+1 \$92.74/family	\$30.65/ee \$86.41/family	\$30.65/ee \$64.37/ee+1 \$95.60/family
Plan C	\$30.61/ee \$86.09/family	\$30.61/ee \$64.28/ee+1 \$95.19/family	\$33.92/ee \$95.40/family	\$33.92/ee \$71.23/ee+1 \$105.48/family	\$34.74/ee \$97.71/family	\$34.74/ee \$72.95/ee+1 \$108.03/family