



Ashland County

Benefit Period: January 1 through December 31

Benefits	SDC Core Plan #1171		SDC Enhanced Plan #291	
	Plan Pays		Plan Pays	
	In-Network	Non-Network	In-Network	Non-Network
Benefit Period Deductible (applies to Basic and Major services)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Benefit Period Maximum (per member)	\$1,000	\$1,000	\$1,500	\$1,500
Reimbursement Basis	Network Allowable	Network Allowable	Network Allowable	Network Allowable
Preventive Services				
Oral Exams (two per benefit period)	100%	100%	100%	100%
Prophylaxis (cleaning — two per benefit period)	100%	100%	100%	100%
Topical Application of Fluoride (once per benefit period for children under age 15)	100%	100%	100%	100%
Bitewing X-rays (four per benefit period)	100%	100%	100%	100%
Full Mouth X-rays or Panoramic Survey (once in five years)	100%	100%	100%	100%
Periapical X-ray (three per benefit period)	100%	100%	100%	100%
Minor Emergency Treatment (temporary relief of pain, bleeding or swelling)	100%	100%	100%	100%
Basic Services				
Specialty Evaluation (one per benefit period)	50% after deductible	50% after deductible	80% after deductible	80% after deductible
Space Maintainers (once per lifetime for children under 19)	50% after deductible	50% after deductible	80% after deductible	80% after deductible
Sealants (once per lifetime per tooth for children under age 15)	50% after deductible	50% after deductible	80% after deductible	80% after deductible
Composite or Amalgam Fillings (once per three years per surface)	50% after deductible	50% after deductible	80% after deductible	80% after deductible
Minor Restorative Services (once per three years per surface)	50% after deductible	50% after deductible	80% after deductible	80% after deductible
Repairs (once in two years)	50% after deductible	50% after deductible	80% after deductible	80% after deductible
Extractions	50% after deductible	50% after deductible	80% after deductible	80% after deductible
Endodontics/Pulp Services	50% after deductible	50% after deductible	80% after deductible	80% after deductible
Periodontal Services	50% after deductible	50% after deductible	80% after deductible	80% after deductible
Minor Oral Surgery Services	50% after deductible	50% after deductible	80% after deductible	80% after deductible
General Anesthesia or IV Sedation	50% after deductible	50% after deductible	80% after deductible	80% after deductible
Major Services				
Oral Surgery	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Crowns and Onlays (once every eight years)	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Bridges (pontics and retainer units — one every eight years)	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial and Complete Dentures (one every eight years)	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Relines (once in three years)	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontic Services				
Orthodontics (limited to members under age 20)	Not Covered	Not Covered	50%	50%
Orthodontics Lifetime Maximum (per member)	Not Covered	Not Covered	\$1,000	\$1,000

Monthly Rates	Core Plan	Enhanced Plan
Employee	\$22.60	\$26.48
Employee + Spouse	\$43.85	\$51.38
Employee + Child(ren)	\$49.50	\$58.00
Family	\$83.20	\$97.53

Out-of-network reimbursement based on the allowable in-network fee schedule.

Any out-of-network service may be subject to a "balance bill" for any amount that the dentist's charge exceeds the allowable amount for an eligible service.

To review the complete list of covered services, limitations and exclusions, refer to SDC's Evidence of Coverage and the Schedule of Benefits associated with the plan number above.

Benefits listed as of 09/13/2024.

Frequently Asked Questions

Can I choose any dentist?

Yes. Your dental plan lets you choose any licensed dentist for services, but you may pay more for a service if you visit a dentist or specialist who does not participate in the SDC network. By staying in the network, you can pay less out of pocket for your dental care and avoid unexpected out-of-network balance billing, which is when an out-of-network dental provider bills for the difference between their fee for a service and our reimbursement amount.

What is an in-network dentist?

An in-network or participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members.

How do I find an in-network dentist?

SDC offers one of the largest dental networks in the United States. Find a participating dentist or specialist near you with our Find-A-Dentist search tool at SuperiorDental.com.

If my dental office does not recognize the Superior Dental Care name, how can network participation be confirmed?

If a dental office is not familiar with SDC, confirm network participation by referencing "Maximum Care", the name of SDC's national dental network. The Maximum Care logo can be found on the back of your ID card in the claims submission section.

If my dentist is not a participating network provider, how can they join the network?

If your dentist or specialist does not currently participate in SDC's network, you can refer them to us for network recruiting by completing our Dentist Referral Form at SuperiorDental.com/find-a-dentist or calling 1-800-801-4915. You are also encouraged to ask your dentist to consider joining SDC's network.

Is there a waiting period before I can get dental services once I'm enrolled?

No. There are no waiting periods once you enroll in an SDC dental plan. You can use these services as soon as your coverage begins.

What tools and resources are available to me?

SDC makes it easy to manage your dental plan. Our online member portal, Superior Direct Connect, and our SDC mobile app offer convenient access to your ID card, summary of benefits, claim status, Explanation of Benefits (EOBs) and more. We also offer an Interactive Voice Response (IVR) telephone system available 24/7. Simply call 1-800-801-4915 to verify enrollment, check claim status or order new ID cards, or choose to speak to an SDC Member Services representative during business hours (Monday–Friday, 7:30am–5:00pm EST).

Can I find out what my out-of-pocket expenses will be before receiving a service?

Yes. A pre-determination of benefits will tell you what your out-of-pocket expenses are going to be and what your plan will cover for a specific treatment based on information provided by your dentist. You can ask your dentist to request a pre-determination from SDC for any treatment or service before it is performed. A pre-determination is necessary when a proposed treatment plan exceeds \$400 or includes periodontal treatment. Once your dentist submits a pre-determination form, it will be reviewed by our dental consultants (who are licensed dentists), estimated benefits will be determined, and a document with this information will be mailed to both you and your dentist. Please note that this benefit verification does not guarantee payment. The amount payable is subject to all the contract limitations effective at the time the services are rendered.

Important Details

This information provides an overview of dental benefits. Once a group policy is issued to your employer, Evidence of Coverage and Schedule of Benefits documents will be available to explain your coverage in detail. All dental plans include certain limitations and exclusions.

Benefits will be determined based on the administrative policies and procedures of SDC in accordance with the Schedule of Benefits.

This document is only a partial listing of benefits. This is not a contract of insurance. To review the complete list of covered services, limitations and exclusions, refer to SDC's Evidence of Coverage and the Schedule of Benefits associated with your plan number.