

ID Card Guide for Providers

As a Medical Mutual company, Superior Dental Care (SDC) has updated the layout of our member ID cards to align with our parent company's format. The new ID cards will be distributed to members at their group's next plan renewal. Until all groups have renewed, your office may see both the new and retiring ID card layouts. While most members will have ID cards that contain only their SDC dental plan information, some cards will include a combination of Medical Mutual health plan and SDC dental plan information. Reference the guides below to help identify the necessary information on each version of the card for benefits eligibility and claim submission.


IMPORTANT
All new versions of SDC ID cards include a new **contact telephone number and claims mailing address.**

RETIRING SDC DENTAL ID CARD

SDC keeps you smiling for a lifetime!

1 GROUP NAME Group: X0001-01
Member: XXX000000 Plan: 000

MEMBER NAME
MEMBER NAME
2 MEMBER NAME
MEMBER NAME
MEMBER NAME



When submitting a claim, be sure to include the member's full name as it appears on the face of this card. Possession of this ID card does not guarantee the member's eligibility.

3 **Superior Dental Care**
6683 Centerville Business Parkway
Centerville, OH 45459
Phone: (937) 438-0283 or (800) 762-3159




- Member Information:** The group name and number, member ID number and plan number are listed in this area.
- Subscriber and Dependents:** All members enrolled in the plan are listed in this section. Confirm eligibility by visiting Superior Direct Connect at [SDC.SuperiorDental.com](https://www.sdc.superiordental.com) or calling **1-800-762-3159**.
- Network and Claims Submission Information:** This area provides the claims mailing address. The telephone number for SDC Dentist and Member Services is also listed in this section. For tracking purposes, **the claims mailing address and telephone number for members with the retiring ID card is different than members with the new ID card.**

NEW SDC DENTAL ID CARD

SDC keeps you smiling for a lifetime!



1 **John Q. Member** XXXXXXXXXX
Member Name

012345678910 **000** **012345678**
ID Number Suffix Group Number

123456
Plan Number

2 **1-800-801-4915** **711**
Dentist & Member Services TTY

SuperiorDental.com ID Card Printed: XX/XX/XX

For Members
Dentist & Member Services: 1-800-801-4915
Direct Connect: To confirm eligibility, see covered dependents, review claims and more, visit Superior Direct Connect at [SDC.SuperiorDental.com](https://www.sdc.superiordental.com).

For Providers
When submitting a claim, be sure to include the member's full name.

3 **Claims Submission**
Electronic Claims Payer ID: 31117
Superior Dental Care
P.O. Box 6018
Cleveland, OH 44101-1018



POSSESSION OF THIS CARD DOES NOT GUARANTEE COVERAGE

- Member Information:** The member's name, ID number, group number and plan number are listed in this area. Each covered dependent age 18 or older will receive their own ID card. For covered dependents under 18, an adult on the plan may present their card as proof of coverage. Confirm eligibility by visiting Superior Direct Connect at [SDC.SuperiorDental.com](https://www.sdc.superiordental.com) or calling **1-800-801-4915**.
- Contact Information:** Call this number to contact SDC Dentist and Member Services. For tracking purposes, **the telephone number for members with the new ID card is different than members with the retiring ID card.**
- Network and Claims Submission Information:** This area provides the electronic claims payer ID and claims mailing address. While electronic claim submission information remains that same, **the claims mailing address is different for members with the new ID card.** The Careington "Maximum Care" network logo is also shown in this section.

Medical Mutual and SDC Combined ID Cards

Members who are covered by a Medical Mutual health plan and an SDC dental plan will present a Medical Mutual ID card. Reference the following ID card variations to help identify the SDC-specific information on these cards.

NEW MEDICAL MUTUAL & SDC COMBINED ID CARD FOR MEMBERS IN OHIO

| | | |
|------------------------------|---|--|
| | | Print Date: XXXXXX RX INFORMATION PBM Name Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxID: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG |
| SuperMed® PPO Network | | |
| 1 | John Q. Member XXXXXXXXXXXXXXXXXXXX Member Name | |
| 2 | 12345678910 Medical Mutual ID # | 779106200 Group # |
| | 1-800-424-8286 Customer Care | 711 TTY |
| | MedMutual.com/Member ODI ★ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | |

| | |
|--|---|
| FOR MEMBER Find a provider at MedMutual.com/Member. 24/7 NURSE LINE: 1-888-912-0636 EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-801-4915 SDC Plan #: ABC123 | FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider. Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 |
| 3 | Providers not in SuperMed PPO Network (For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY) Cigna Claims Submission Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567 |
| 4 | DEDUCTIBLE AND OUT-OF-POCKET: In-Net DED Single/Family: \$XXXXX/\$XXXXX In-Net OOP Single/Family: \$XXXXX/\$XXXXX |
| | Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates. |

NEW MEDICAL MUTUAL & SDC COMBINED ID CARD FOR MEMBERS OUTSIDE OF OHIO

| | | |
|---|---|--|
| | | Print Date: XX/XX/XX RX INFORMATION PBM Name Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxID: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG |
| | | |
| 1 | John Q. Member XXXXXXXXXXXXXXXXXXXX Member Name | |
| 2 | 12345678910 Medical Mutual ID # | 779106200 Group # |
| | 1-800-424-8286 Customer Care | 711 TTY |
| | MedMutual.com/Member ODI ★ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | |

| | |
|--|---|
| FOR MEMBER Find a provider at MedMutual.com/Member. 24/7 NURSE LINE: 1-888-912-0636 EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-801-4915 SDC Plan #: ABC123 | FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-XXX-XXXX or MedMutual.com/Provider. Cigna Claims Submission Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567 |
| 3 | Providers in SuperMed PPO Network (For services rendered in the state of Ohio, Campbell, Boone and Kenton counties in KY) Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 |
| 4 | DEDUCTIBLE AND OUT-OF-POCKET: In-Net DED Single/Family: \$XXXXX/\$XXXXX In-Net OOP Single/Family: \$XXXXX/\$XXXXX |
| | Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates. |

- Member Name:** The member's name is listed here. Each covered dependent age 18 or older will receive their own ID card. For covered dependents under 18, an adult on the plan may present their card as proof of coverage. Confirm eligibility by visiting Superior Direct Connect at SDC.SuperiorDental.com or calling **1-800-801-4915**.
- Member ID and Group Numbers:** The SDC group and member ID numbers will be the same as the Medical Mutual numbers listed here.
- SDC Telephone Number:** Call this number to contact SDC Dentist and Member Services.
- SDC Plan Number:** The group's SDC dental plan number is listed here.
- Network and Claims Submission Information:** This area provides the electronic claims payer ID and claims mailing address. While electronic claim submission information remains that same, **the claims mailing address is different for members with the new ID card.** The Careington "Maximum Care" network logo is also shown in this section.

Medical Mutual (MEWA) and SDC Combined ID Cards

Members who are enrolled in a MEWA health plan administered by Medical Mutual and also enrolled in an SDC dental plan will receive one of the following combined ID cards from Medical Mutual.

NEW MEDICAL MUTUAL (MEWA) & SDC COMBINED ID CARD FOR MEMBERS IN OHIO

| | | |
|---|--|-----------------------------|
| Administered by Medical Mutual | | Print Date: XXXXXX |
| SuperMed® PPO Network | | RX INFORMATION |
| John Q. Member Participant Name | | PBM Name |
| 12345678910 779106200 Medical Mutual ID # Group # | | Participant: 1-800-417-1961 |
| 1-800-424-8286 711 Customer Care TTY | | Pharmacist: 1-800-922-1557 |
| MedMutual.com/Member ODI * | | RxDID: 12345678910 |
| COSE BENEFIT PLAN | | RxBIN: 610014 |
| | | RxPCN: COPAY |
| | | RxGRP: MMODRUG |
| | | COPAYS |
| | | Preventive Visit: \$XXXX |
| | | Urgent Care: \$XXXX |
| | | ER: \$XXXX |
| | | PCP Visit: \$XXXX |
| | | Specialist: \$XXXX |
| | | Optional: \$XXXX |

| | |
|---|---|
| FOR PARTICIPANT | FOR PROVIDER |
| Find a provider at MedMutual.com/Member. | Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider. |
| 24/7 NURSE LINE: 1-888-912-0636 | Medical Mutual & SDC Claims Submission |
| EyeMed: 1-877-226-1115 | Electronic Claims Payer ID: 29076 & 31117 |
| Superior Dental Care (SDC): 1-800-801-4915 | P.O. Box 6018, Cleveland, OH 44101-1018 |
| SDC Plan #: ABC123 | Providers not in SuperMed PPO Network (For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY) |
| | Cigna Claims Submission |
| | Electronic Claims Payer ID: 62308 |
| | P.O. Box 188061 |
| | Chattanooga, TN 37422-8061 |
| | Cigna Group #: 1234567 |
| DEDUCTIBLE AND OUT-OF-POCKET: | Medical Mutual & SDC Claims Submission |
| In-Net DED Single/Family: \$XXXXX/\$XXXXX | Electronic Claims Payer ID: 29076 & 31117 |
| In-Net OOP Single/Family: \$XXXXX/\$XXXXX | P.O. Box 6018, Cleveland, OH 44101-1018 |
| Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates. | TPV LOGO AWAY FROM HOME CARE |

NEW MEDICAL MUTUAL (MEWA) & SDC COMBINED ID CARD FOR MEMBERS OUTSIDE OF OHIO

| | | |
|---|--|-----------------------------|
| Administered by Medical Mutual | | Print Date: XXXXXX |
| Cigna PPO Network | | RX INFORMATION |
| John Q. Member Participant Name | | PBM Name |
| 12345678910 779106200 Medical Mutual ID # Group # | | Participant: 1-800-417-1961 |
| 1-800-424-8286 711 Customer Care TTY | | Pharmacist: 1-800-922-1557 |
| MedMutual.com/Member ODI * | | RxDID: 12345678910 |
| COSE BENEFIT PLAN | | RxBIN: 610014 |
| | | RxPCN: COPAY |
| | | RxGRP: MMODRUG |
| | | COPAYS |
| | | Preventive Visit: \$XXXX |
| | | Urgent Care: \$XXXX |
| | | ER: \$XXXX |
| | | PCP Visit: \$XXXX |
| | | Specialist: \$XXXX |
| | | Optional: \$XXXX |

| | |
|---|---|
| FOR PARTICIPANT | FOR PROVIDER |
| Find a provider at MedMutual.com/Member. | Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider. |
| 24/7 NURSE LINE: 1-888-912-0636 | Cigna Claims Submission |
| EyeMed: 1-877-226-1115 | Electronic Claims Payer ID: 62308 |
| Superior Dental Care (SDC): 1-800-801-4915 | P.O. Box 188061 |
| SDC Plan #: ABC123 | Chattanooga, TN 37422-8061 |
| | Cigna Group #: 1234567 |
| | Providers in SuperMed PPO Network (For services rendered in the state of Ohio, Campbell, Boone and Kenton counties in KY) |
| | Medical Mutual & SDC Claims Submission |
| | Electronic Claims Payer ID: 29076 & 31117 |
| | P.O. Box 6018, Cleveland, OH 44101-1018 |
| DEDUCTIBLE AND OUT-OF-POCKET: | TPV LOGO AWAY FROM HOME CARE |
| In-Net DED Single/Family: \$XXXXX/\$XXXXX | |
| In-Net OOP Single/Family: \$XXXXX/\$XXXXX | |
| Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates. | |

- 1. Member Name:** The member's name is listed here. Each covered dependent age 18 or older will receive their own ID card. For covered dependents under 18, an adult on the plan may present their card as proof of coverage. Confirm eligibility by visiting Superior Direct Connect at SDC.SuperiorDental.com or calling **1-800-801-4915**.
- 2. Member ID and Group Numbers:** The SDC group and member ID numbers will be the same as the Medical Mutual numbers listed here.
- 3. SDC Telephone Number:** Call this number to contact SDC Dentist and Member Services.
- 4. SDC Plan Number:** The group's SDC dental plan number is listed here.
- 5. Network and Claims Submission Information:** This area provides the electronic claims payer ID and claims mailing address. While electronic claim submission information remains that same, **the claims mailing address is different for members with the new ID card.** The Careington "Maximum Care" network logo is also shown in this section.

Claims Submission

SDC makes it easy for you to get paid quickly for your excellent care. For the fastest claim processing and payments, submit claims by EDI (Electronic Data Interchange) transmission. SDC works with the nation's largest claims clearinghouses including Change Healthcare, Tesia and DentalXChange—use Payor ID #**31117**. To submit claims by mail, utilize the claim submission address printed on the member's ID card and allow additional time for delivery. **Please note that the claims mailing address is different for members who have the new ID card. When mailing claims, be sure to reference the member's ID card to determine the correct address.**

SDC processes claim payments weekly. Even if you do not elect EDI claims submission, auto deposit is the best option for accelerating payment. To avoid waiting for a check to arrive in the mail, sign up for our auto deposit program and have your payments electronically deposited directly into your account. A Notice of Payment will be sent with each claim payment.