

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. 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 diagrams in this guide to help identify the necessary information on each version of the card for benefits eligibility and claim submission.

IMPORTANT

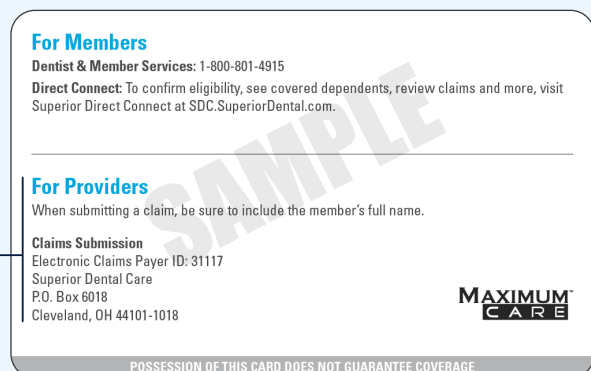
All new versions of SDC ID cards include a new **contact telephone number** and **claims mailing address**.

Claim 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, **be sure to send to the claim submission address printed on the member's ID card and allow additional time for delivery.**

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.

NEW SDC DENTAL ID CARD



- 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 or calling **1-800-801-4915**.
- Contact Information:** Call this number to contact SDC Dentist and Member Services.
- Network and Claims Submission Information:** This area provides the electronic claims payer ID and claims mailing address. While electronic claim submission information remains the same, **the claims mailing address is new**. 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

MEDICAL MUTUAL SuperMed® PPO Network		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
1	John Q. Member XXXXXXXXXXXXXXXXXXXX Member Name	
2	12345678910 779106200 Medical Mutual ID # Group # 1-800-424-8286 711 Customer Care TTY	
MedMutual.com/Member ODI ★ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		COPAYS Preventive Visit: \$XXXX Urgent Care: \$XXXX ER: \$XXXX PCP Visit: \$XXXX Specialist: \$XXXX Optional: \$XXXX

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	4	5
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: 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

MEDICAL MUTUAL 		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 779106200 Medical Mutual ID # Group # 1-800-424-8286 711 Customer Care TTY	
MedMutual.com/Member ODI ★ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		COPAYS Preventive Visit: \$XXXX Urgent Care: \$XXXX ER: \$XXXX PCP Visit: \$XXXX Specialist: \$XXXX Optional: \$XXXX

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	4	5
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: 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 the same, **the claims mailing address is new**. The Careington "Maximum Care" network logo is also shown in this section.

Medical Mutual (COSE) and SDC Combined ID Cards

Members who are enrolled in a COSE benefit 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 (COSE) & 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 *		RxID: 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:			
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.		AWAY FROM HOME CARE	

NEW MEDICAL MUTUAL (COSE) & 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 *		RxID: 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:			
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.		TPV LOGO AWAY FROM HOME CARE	

- 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 the same, **the claims mailing address is new.** The Careington "Maximum Care" network logo is also shown in this section.