

SDC Indiana Small Group Dental Plans

2-50 Enrolled Employees

These plans are available to new groups of 2-50 enrolled employees with an effective date on or after January 1, 2024. Rates are guaranteed for 12 months when implemented by December 31, 2024. Employer groups with 51 enrolled employees or more will be individually underwritten based on the group's specifications. Current groups with SDC may not be eligible for these rates. Benefits are on a calendar year basis.

Indiana Small Group Dental Plans									
	Plan A In/Out of Network	Plan B In/Out of Network	Plan C In/Out of Network						
Preventive	100%	100%	100%						
Basic	50%	50%	80%						
Major	30%	50%	50%						
Contract Maximum	\$750	\$1,000	\$1,000						
Orthodontia (Optional)	N/A	See Options Below	See Options Below						
Deductible (Applies to Basic and Major Only)	\$50/\$150	\$50/\$150	\$50/\$150						
Сорау	\$0	\$0	\$0						

Implants covered under Major Services

Plan Rates and Additional Rating Options

Select the desired plan, then determine rate based on tier and plan. The Orthodontia options below include coverage for adults but are not available to groups with less than 10 enrolled employees.

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	Plan A Base Rate	Plan B Base Rate	\$1,500 Contract Max	50%/\$1,000 Ortho	\$1,500 Contract Max + Ortho*	Plan C Base Rate	\$1,500 Contract Max	50%/\$1,000 Ortho	\$1,500 Contract Max + Ortho*		
2-Tier											
Employee	\$17.88	\$21.64	\$24.03	\$21.64	\$24.03	\$26.48	\$30.01	\$26.48	\$30.01		
Family	\$49.70	\$60.18	\$66.80	\$63.87	\$70.50	\$73.62	\$83.42	\$77.32	\$87.11		
3-Tier											
Employee	\$17.88	\$21.64	\$24.03	\$21.64	\$24.03	\$26.48	\$30.01	\$26.48	\$30.01		
Employee + Spouse / Employee + Child	\$34.61	\$41.90	\$46.52	\$43.33	\$47.94	\$51.27	\$58.10	\$52.69	\$59.52		
Employee + Children / Family	\$61.50	\$74.46	\$82.66	\$79.91	\$88.11	\$91.10	\$103.22	\$96.56	\$108.68		
4-Tier											
Employee	\$17.88	\$21.64	\$24.03	\$21.64	\$24.03	\$26.48	\$30.01	\$26.48	\$30.01		
Employee + Spouse	\$35.75	\$43.29	\$48.06	\$43.29	\$48.06	\$52.96	\$60.01	\$52.96	\$60.01		
Employee + Child(ren)	\$44.37	\$53.72	\$59.64	\$59.20	\$65.11	\$65.73	\$74.48	\$71.21	\$79.95		
Family	\$62.25	\$75.37	\$83.67	\$80.84	\$89.14	\$92.21	\$104.48	\$97.69	\$109.96		
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SDC Offers 90% UCR—Add 20% to the Rates Above

No Waiting Periods—No Missing Tooth Clause—No Balance Billing (In Network)—No Claim Forms (In Network)

National Network

SDC's network of participating dentists and specialists offers coverage across the country with **one of the largest dental networks in the United States.** Enrolled Members are encouraged to seek care from a participating dentist. Please visit SDC's website **SuperiorDental.com** for a directory of participating dentists.

SDC Small Group Underwriting Guidelines

Employer Contribution: N/A

Participation Requirement: Minimum of 2 enrolled employees; Minimum of 10 enrolled employees for the Orthodontia options.

*All Orthodontia options have a \$1,000 max and minimum participation of 10 enrolled employees.

Value-added Benefits

- Free Second Opinions
- Prescription Discount Card
- SmileRider 15% Discount on Noncovered/Cosmetic Dental Services
- TruHearing Hearing Aid Discount Plan
- EyeMed Vision Care® Discount Plan
- ID Theft Resolution Program

Convenient Tools & Resources

- Superior Direct Connect Online Plan Management System
- SDC Mobile App
- 24/7 Self-service Automated Phone System
- Member Services Available by Phone, Online Chat or Website Contact Form