

# Small Group Dental Plans

Indiana | Groups of 2–50 Enrolled Employees



**Get comprehensive dental benefits for your employees from the dental experts at Superior Dental Care (SDC). SDC’s small group dental plans are pre-designed to include the same superior coverage, national network and value-added benefits as underwritten plans, but are offered at special rates through a community rating pool.**

## Features

- Comprehensive plan designs
- Implants covered as a major service
- No balance billing or claim forms (in network)
- No waiting periods
- No missing tooth clause
- Local service with over 35 years of dental experience

## The SDC Network

All SDC dental plans come with our national dental network, which includes more than 5,500 access points in Indiana. Since employees save money on their dental care by visiting a participating dentist or specialist, this is a significant benefit.

## Value-added Benefits

Every SDC dental plan includes the following added benefits for your employees at no additional cost.

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



## SDC Small Group Dental Plans with \$750 or \$1,000 Calendar Year Maximum

Effective 5/1/25–12/31/25

Choose from one of the group dental plans below. Select one plan for the group. This worksheet is not intended for individual member choice. Due to pediatric dental limitations, these products are NOT valid on the ACA platform.

	SDC Plan #1320 In-/Out-of-Network	SDC Plan #1341 In-/Out-of-Network	SDC Plan #1343 In-/Out-of-Network	SDC Plan #1314 In-/Out-of-Network	SDC Plan #1316 In-/Out-of-Network					
<b>Plan Design</b>	<b>Preventive</b>	100/100%	100/100%	100/100%	100/100%					
	<b>Basic</b>	50/50%	50/50%	50/50%	80/80%					
	<b>Major</b>	30/30%	50/50%	50/50%	50/50%					
	<b>Contract Max</b>	\$750	\$1,000	\$1,000	\$1,000					
	<b>Deductible</b> (Basic and Major only)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150					
	<b>Out-of-Network Reimbursement</b>	MAC <sup>1</sup> or UCR <sup>2</sup>	MAC <sup>1</sup> or UCR <sup>2</sup>	MAC <sup>1</sup> or UCR <sup>2</sup>	MAC <sup>1</sup> or UCR <sup>2</sup>					
	<b>Orthodontia</b>	Not Covered	Not Covered	50% to \$1,000 <sup>3</sup>	Not Covered					
<b>2-Tier</b>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>
<b>Employee</b>	\$20.38	\$24.45	\$24.67	\$29.61	\$24.67	\$29.61	\$30.19	\$36.23	\$30.19	\$36.23
<b>Family</b>	\$56.66	\$67.99	\$68.61	\$82.32	\$72.81	\$87.38	\$83.93	\$100.71	\$88.14	\$105.77
<b>3-Tier</b>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>
<b>Employee</b>	\$20.38	\$24.45	\$24.67	\$29.61	\$24.67	\$29.61	\$30.19	\$36.23	\$30.19	\$36.23
<b>Employee + Spouse / Employee + Child</b>	\$39.46	\$47.36	\$47.77	\$57.33	\$49.40	\$59.27	\$58.45	\$70.13	\$60.07	\$72.08
<b>Employee + Children / Family</b>	\$70.11	\$84.13	\$84.88	\$101.86	\$91.10	\$109.31	\$103.85	\$124.62	\$110.08	\$132.09
<b>4-Tier</b>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>
<b>Employee</b>	\$20.38	\$24.45	\$24.67	\$29.61	\$24.67	\$29.61	\$30.19	\$36.23	\$30.19	\$36.23
<b>Employee + Spouse</b>	\$40.76	\$48.91	\$49.35	\$59.22	\$49.35	\$59.22	\$60.37	\$72.46	\$60.37	\$72.46
<b>Employee + Child(ren)</b>	\$50.58	\$60.69	\$61.24	\$73.50	\$67.49	\$80.99	\$74.93	\$89.92	\$81.18	\$97.41
<b>Family</b>	\$70.97	\$85.16	\$85.92	\$103.10	\$92.16	\$110.59	\$105.12	\$126.15	\$111.37	\$133.63
<i>TOC (internal use only)</i>	345276	345840	345281	345841	345283	345842	345284	345845	345286	345846

1. MAC (Maximum Allowable Charge) bases out-of-network reimbursement on allowable in-network fee.

2. UCR (Usual, Customary and Reasonable) is based on 90th percentile Fairhealth UCR.

3. Plans with orthodontia require minimum participation of 10 enrolled employees.

## SDC Small Group Dental Plans with \$1,500 Calendar Year Maximum

Effective 5/1/25–12/31/25

Choose from one of the group dental plans below. Select one plan for the group. This worksheet is not intended for individual member choice. Due to pediatric dental limitations, these products are NOT valid on the ACA platform.

	SDC Plan #1342 In-/Out-of-Network	SDC Plan #1344 In-/Out-of-Network	SDC Plan #1315 In-/Out-of-Network	SDC Plan #1317 In-/Out-of-Network				
<b>Plan Design</b>	<b>Preventive</b>	100/100%	100/100%	100/100%	100/100%			
	<b>Basic</b>	50/50%	50/50%	80/80%	80/80%			
	<b>Major</b>	50/50%	50/50%	50/50%	50/50%			
	<b>Contract Max</b>	\$1,500	\$1,500	\$1,500	\$1,500			
	<b>Deductible</b> (Basic and Major only)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150			
	<b>Out-of-Network Reimbursement</b>	MAC <sup>1</sup> or UCR <sup>2</sup>	MAC <sup>1</sup> or UCR <sup>2</sup>	MAC <sup>1</sup> or UCR <sup>2</sup>	MAC <sup>1</sup> or UCR <sup>2</sup>			
	<b>Orthodontia</b>	Not Covered	50% to \$1,000 <sup>3</sup>	Not Covered	50% to \$1,000 <sup>3</sup>			
<b>2-Tier</b>	<b>MAC</b> <input type="checkbox"/>	<b>UCR</b> <input type="checkbox"/>	<b>MAC</b> <input type="checkbox"/>	<b>UCR</b> <input type="checkbox"/>	<b>MAC</b> <input type="checkbox"/>	<b>UCR</b> <input type="checkbox"/>	<b>MAC</b> <input type="checkbox"/>	<b>UCR</b> <input type="checkbox"/>
<b>Employee</b>	\$27.39	\$32.87	\$27.39	\$32.87	\$34.21	\$41.05	\$34.21	\$41.05
<b>Family</b>	\$76.15	\$91.38	\$80.37	\$96.44	\$95.10	\$114.11	\$99.31	\$119.18
<b>3-Tier</b>	<b>MAC</b> <input type="checkbox"/>	<b>UCR</b> <input type="checkbox"/>	<b>MAC</b> <input type="checkbox"/>	<b>UCR</b> <input type="checkbox"/>	<b>MAC</b> <input type="checkbox"/>	<b>UCR</b> <input type="checkbox"/>	<b>MAC</b> <input type="checkbox"/>	<b>UCR</b> <input type="checkbox"/>
<b>Employee</b>	\$27.39	\$32.87	\$27.39	\$32.87	\$34.21	\$41.05	\$34.21	\$41.05
<b>Employee + Spouse / Employee + Child</b>	\$53.03	\$63.63	\$54.65	\$65.58	\$66.23	\$79.47	\$67.85	\$81.42
<b>Employee + Children / Family</b>	\$94.23	\$113.08	\$100.45	\$120.53	\$117.67	\$141.21	\$123.90	\$148.67
<b>4-Tier</b>	<b>MAC</b> <input type="checkbox"/>	<b>UCR</b> <input type="checkbox"/>	<b>MAC</b> <input type="checkbox"/>	<b>UCR</b> <input type="checkbox"/>	<b>MAC</b> <input type="checkbox"/>	<b>UCR</b> <input type="checkbox"/>	<b>MAC</b> <input type="checkbox"/>	<b>UCR</b> <input type="checkbox"/>
<b>Employee</b>	\$27.39	\$32.87	\$27.39	\$32.87	\$34.21	\$41.05	\$34.21	\$41.05
<b>Employee + Spouse</b>	\$54.79	\$65.74	\$54.79	\$65.74	\$68.41	\$82.10	\$68.41	\$82.10
<b>Employee + Child(ren)</b>	\$67.99	\$81.59	\$74.23	\$89.08	\$84.91	\$101.88	\$91.14	\$109.37
<b>Family</b>	\$95.38	\$114.46	\$101.62	\$121.95	\$119.11	\$142.93	\$125.35	\$150.42
<i>TOC (internal use only)</i>	<i>345282</i>	<i>345843</i>	<i>345280</i>	<i>345844</i>	<i>345285</i>	<i>345847</i>	<i>345287</i>	<i>345848</i>

1. MAC (Maximum Allowable Charge) bases out-of-network reimbursement on allowable in-network fee.
2. UCR (Usual, Customary and Reasonable) is based on 90th percentile Fairhealth UCR.
3. Plans with orthodontia require minimum participation of 10 enrolled employees.

<b>Group Official Rate Acceptance</b>	
<b>Please initial next to the benefits that have been selected by the group, and fill out the following information below.</b>	
Group Name	Group Number
Group Official Title	
Group Official Signature	Date