



A Medical Mutual® Company

## SDC Kentucky Small Group Dental Plans—2021 2–50 enrolled employees

The small group dental plans are guaranteed for 12 months when implemented by December 31, 2021. 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.

### 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](http://superiordental.com) for a directory of participating dentists.

### No-cost extras offered to members with every plan



**SDC Mobile:** Our convenient app gives members on-the-go access to their plan and Mobile ID card.



**Free Second Opinion:** SDC will provide a no-cost second opinion by a participating dentist for covered extensive treatments that include numerous or costly services.



**SMILERIDER™:** This is a supplemental cosmetic rider that provides a 15% discount for elective cosmetic services including teeth whitening, veneers, bonding, porcelain facings, etc.



**Vision Discount:** Administered through EyeMed Vision Care® Discount Plan, members enjoy discounts on vision products and services.



**Prescription Discount:** This discount provides a savings of up to 20% off retail price on many prescription drugs at participating pharmacies.

## Small Group Dental Plans

	Plan A In/Out of Network	Plan B In/Out of Network	Plan C In/Out of Network
<b>Preventive</b>	100%	100%	100%
<b>Basic</b>	50%	50%	80%
<b>Major</b>	30%	50%	50%
<b>Contract Maximum</b>	\$750	\$1,000	\$1,000
<b>Orthodontia (Optional)</b>	See options below	See options below	See options below
<b>Deductible</b> (applies to Basic and Major only)	\$50/\$150	\$50/\$150	\$50/\$150
<b>Copay</b>	\$0	\$0	\$0

### Base Plans without Orthodontia

Employee	\$16.59	\$20.19	\$23.38
Employee + Spouse	\$33.19	\$40.37	\$46.77
Employee + Child(ren)	\$41.11	\$50.00	\$57.92
Family	\$57.85	\$70.37	\$81.52

### Additional Rating Options

Select the desired base rate, then begin calculations of any additional rating options.

\$1,000 Contract Max	Base rates plus 5%	N/A	N/A
\$1,500 Contract Max	Base rates plus 11%	Base rates plus 11%	Base rates plus 11%
50%/\$1,000 Orthodontia (minimum 10 enrolled employees)	Base rates plus 10% (on any tier greater than EE+Sp)	Base rates plus 10% (on any tier greater than EE+Sp)	Base rates plus 10% (on any tier greater than EE+Sp)
Periodontics in Basic	Base rates plus 2%	N/A	Base rates plus 2%

*All changes and/or calculations added to the listed rates must be approved by SDC before finalization*

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

### 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.

**SIGN UP IS EASY!**

Contact SDC's Account Services team at  
[accountservices@superiordental.com](mailto:accountservices@superiordental.com) | 800.762.3159 | [superiordental.com](http://superiordental.com)