



# SDC Ohio Small Group Dental Plans—2022

## 2–99 Enrolled Employees

These plans are available to new groups of 2-99 enrolled employees with an effective date on or after January 1, 2022. Rates are guaranteed for 12 months when implemented by December 31, 2022. Employer groups with 100 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.

### Ohio Small Group Dental Plans

	Plan A In/Out of Network	Plan B In/Out of Network	Plan C In/Out of Network	Plan D In/Out of Network
<b>Preventive</b>	100%	100%	100%	100%
<b>Basic</b>	80%	90%/80%	80%	50%
<b>Major</b>	N/A	60%/50%	50%	50%
<b>Contract Maximum</b>	\$1,000	\$1,500	\$1,000	\$1,000
<b>Orthodontia</b> (Optional)	N/A	See Options Below	See Options Below	See Options Below
<b>Deductible</b> (Applies to Basic and Major Only)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
<b>Copay</b>	\$0	\$0	\$0	\$0

Implants Covered Under Major Services

### Employer Contribution Rates and Additional Plan Options

Rates listed below are based on Employer Contribution and participation requirements. Please see below to calculate rates for Voluntary or Open Participation.

**Employer Contribution:** Minimum 50% employer paid. Minimum 50% employee participation. To qualify for the base rates, employers must pay a minimum of 50% of the employee premiums.

**Voluntary:** Premiums 10% above Employer Contribution rates. Minimum 25% participation. No employer contribution is required for this option.

**Open Participation:** Premiums 28% above Employer Contribution rates. Minimum participation of 2 employees. No employer contribution is required for this option. No Orthodontia options available.

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 or to groups in the Open Participation segment.

Employer Contribution Rates Shown Below	Plan A Base Rate	Plan B Base Rate	\$1,000 Contract Max	50% / \$1,000 Ortho	\$1,000 Contract Max + Ortho	Plan C Base Rate	\$1,500 Contract Max	50% / \$1,000 Ortho	\$1,500 Contract Max + Ortho*	Plan D Base Rate	\$1,500 Contract Max	50% / \$1,000 Ortho	\$1,500 Contract Max + Ortho*
<b>2-Tier</b>													
Employee	\$19.59	\$30.39	\$26.55	\$31.91	\$28.06	\$24.10	\$26.83	\$25.61	\$28.34	\$20.77	\$22.56	\$22.29	\$24.08
Family	\$54.45	\$84.48	\$73.82	\$88.70	\$78.01	\$66.99	\$74.58	\$71.19	\$78.77	\$57.75	\$62.72	\$61.95	\$66.92
<b>3-Tier</b>													
Employee	\$19.59	\$30.39	\$26.55	\$31.91	\$28.06	\$24.10	\$26.83	\$25.61	\$28.34	\$20.77	\$22.56	\$22.29	\$24.08
Employee + Spouse / Employee + Child	\$37.92	\$58.83	\$51.40	\$61.53	\$54.10	\$46.66	\$51.94	\$49.36	\$54.63	\$40.20	\$43.66	\$43.12	\$46.59
Employee + Children /Family	\$67.38	\$104.55	\$91.34	\$109.94	\$96.74	\$82.91	\$92.29	\$88.30	\$97.69	\$71.47	\$77.62	\$76.66	\$82.82
<b>4-Tier</b>													
Employee	\$19.59	\$30.39	\$26.55	\$31.91	\$28.06	\$24.10	\$26.83	\$25.61	\$28.34	\$20.77	\$22.56	\$22.29	\$24.08
Employee + Spouse	\$39.18	\$60.78	\$53.11	\$63.82	\$56.13	\$48.20	\$53.66	\$51.22	\$56.68	\$41.55	\$45.13	\$44.57	\$48.15
Employee + Child(ren)	\$48.62	\$75.43	\$65.90	\$79.20	\$69.65	\$59.82	\$66.59	\$63.56	\$70.34	\$51.56	\$56.01	\$55.31	\$59.75
Family	\$68.21	\$105.82	\$92.45	\$111.11	\$97.72	\$83.92	\$93.41	\$89.18	\$98.68	\$72.34	\$78.57	\$77.60	\$83.83

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

### SDC Small Group Underwriting Guidelines

**Employer Contribution:** Minimum 50% employee participation.

**Voluntary:** Minimum 25% participation.

**Open Participation:** Minimum participation of 2 employees. No Orthodontia options available.

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

### No-Cost Extras Offered to Members With Every Plan

**SDC Mobile:** Our convenient app gives members easy 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.

**SIGN UP IS EASY!** Contact SDC's Account Services Team at [AccountServices@SuperiorDental.com](mailto:AccountServices@SuperiorDental.com) | 1-800-762-3159 | [SuperiorDental.com](http://SuperiorDental.com)