



SDC Ohio Small Group Dental Plans—2023

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, 2023. Rates are guaranteed for 12 months when implemented by December 31, 2023. 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.

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
Preventive	100%	100%	100%	100%
Basic	80%	90%/80%	80%	50%
Major	N/A	60%/50%	50%	50%
Contract Maximum	\$1,000	\$1,500	\$1,000	\$1,000
Orthodontia (Optional)	N/A	See Options Below	See Options Below	See Options Below
Deductible (Applies to Basic and Major Only)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Copay	\$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.

Out of Network Reimbursement 80% UCR: Premiums increase 12%.

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*
2-Tier													
Employee	\$19.89	\$30.23	\$26.95	\$31.88	\$28.28	\$24.57	\$26.88	\$26.00	\$28.56	\$20.43	\$21.51	\$22.06	\$23.15
Family	\$55.28	\$84.04	\$74.93	\$88.62	\$78.62	\$68.30	\$74.72	\$72.27	\$79.38	\$56.80	\$59.80	\$61.31	\$64.34
3-Tier													
Employee	\$19.89	\$30.23	\$26.95	\$31.88	\$28.28	\$24.57	\$26.88	\$26.00	\$28.56	\$20.43	\$21.51	\$22.06	\$23.15
Employee + Spouse / Employee + Child	\$38.49	\$58.53	\$52.16	\$61.48	\$54.52	\$47.58	\$52.03	\$50.10	\$55.06	\$39.54	\$41.62	\$42.68	\$44.80
Employee + Children /Family	\$68.39	\$104.02	\$92.70	\$109.83	\$97.50	\$84.53	\$92.45	\$89.63	\$98.46	\$70.29	\$74.00	\$75.88	\$79.63
4-Tier													
Employee	\$19.89	\$30.23	\$26.95	\$31.88	\$28.28	\$24.57	\$26.88	\$26.00	\$28.56	\$20.43	\$21.51	\$22.06	\$23.15
Employee + Spouse	\$39.78	\$60.46	\$53.90	\$63.76	\$56.56	\$49.14	\$53.76	\$52.00	\$57.12	\$40.86	\$43.02	\$44.12	\$46.30
Employee + Child(ren)	\$49.37	\$75.03	\$66.89	\$79.13	\$70.19	\$60.98	\$66.72	\$64.53	\$70.89	\$50.71	\$53.39	\$54.75	\$57.46
Family	\$69.26	\$105.26	\$93.84	\$111.01	\$98.47	\$85.55	\$93.60	\$90.53	\$99.45	\$71.14	\$74.90	\$76.81	\$80.61

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: 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.

Value-added Benefits

- Free Second Opinions
- Prescription Discount Card
- SmileRider 15% Discount on Non-covered/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

SIGN UP IS EASY! Contact SDC's Account Services Team at AccountServices@SuperiorDental.com | 1-800-762-3159 | SuperiorDental.com