



2012
CITY OF KETTERING – GROUP # D1575
SUPERIOR DENTAL CARE ENROLLMENT

Welcome! Nearly **2,500 dental offices** participate with Superior Dental Care (SDC) within our service area of Ohio, Northern Kentucky and Indiana. Superior’s Preferred Plan now offers “Open Access,” which gives covered individuals the freedom to see any dentist they choose! In other words it offers the same level of coverage out-of-network as in-network for the same low rate. However, please keep in mind that an out-of-network provider can balance bill, whereas an in-network provider will not. Additionally, enrolled members seeking care from an out-of-network dentist will be responsible for payment to that dentist. Each family member may select and/or self refer to any general dentist or specialist & you may switch dentists at any time, if you desire. **Please consult SDC’s directory of dentists or SDC’s website at www.superiordental.com for a listing of in-network dentists.**

Benefit Period: January 1, 2012 through December 31, 2012

2012 Premiums: Family: \$77.05/mo. Employee Pays: \$7.71/mo.
Single: \$25.14/mo. Employee Pays: \$2.51/mo.

If you are currently enrolled in the dental plan and wish to remain enrolled with no changes to your plan.....STOP..... you need to do nothing.

Plan coverage: Members pay a percentage co-payment for services (except for Preventive) based on level of coverage. A complete summary of benefits can be obtained in the Human Resource Department.

100% Preventive Services (cleanings, x-rays, emergencies)

80% Basic Services (fillings, oral surgery, root canals)

50% Major Services (crowns, bridges, dentures)

\$1000 Contract Maximum (per person per contract period)

\$25/\$75 Deductible - Applies to Basic & Major Services & follows the contract period. In meeting your deductible, please keep in mind that first you pay your co-payment, then your deductible before SDC assumes any liability of payment for benefits

50% Orthodontic Services (\$1000 Lifetime Maximum)

Vision Coverage: When enrolling in SDC, you automatically receive this value-added benefit for you and your eligible dependents. The program provides discounts on exams and materials at unlimited frequencies. The products and services are available at any Lenscrafters and participating optometrist offices/locations worldwide. ID cards and a schedule of services available at discounted prices will be provided in your EyeMed booklet that you receive with your SDC Enrollment packet & Certificate of Coverage.

SMILERIDER™ When enrolling in SDC, you automatically receive this value-added benefit for you and your eligible dependents. This is a supplemental cosmetic rider that provides deep discounts for elective cosmetic services including teeth whitening, veneers, bonding, porcelain facings, etc. Please consult SDC's directory of dentists or SDC's website for a listing of dentists who provide these services in your area:

Emergencies: If you are 50 miles or more away from your regular dentist & you experience pain, bleeding or swelling to the mouth, see any dentist available for the relief of the condition. See your regular dentist when you return to the area for the cure of the problem and be sure to submit all receipts to SDC as soon as possible. (Accidents/blows to the mouth are covered under medical.)

Pre-determinations: Need to be sent in by your dentist for any services over \$250.00 and for periodontal services. Your responsibility is to ask your dentist if the Pre-determination was done, approved and what is your co-payment. A copy of the Pre-determination will be mailed to you and your dentist. **Alternative Benefits** are based on the least expensive, professionally acceptable course of treatment. If the member and his/her dentist decide on the more expensive treatment, the additional cost will be the member's responsibility. **All services** are subject to the policies and procedures of SDC.

This plan is **hassle-free & paperless:**

- No claim forms – **show your new SDC membership card to your dentist** & your dentist will complete the claim form and send it to SDC.
- No waiting periods
- No pre-existing conditions
- No balance billing - you are only responsible for your co-payment, deductible & ineligible services.

Enrollment Form: When completing your enrollment form, please keep in mind you are required to stay on the plan for a full contract period. **If you elect to waive coverage initially, your next opportunity to enroll will be at next year's open enrollment period.** Enrollment changes can only be made at open enrollment unless you experience a "lifestyle change" (i.e., change in marital status, birth, etc.). Please notify Personnel within 31 days of this lifestyle change. **ENROLLMENT FORM CAN BE OBTAINED IN HUMAN RESOURCES.**

SDC does coordinate benefits. If enrolling your family, please give SDC information regarding any dental insurance your spouse may have. SDC follows the rules established by state law for coordination of benefits to decide which plan pays first. When covering dependents, the birthday rule is used --- the parent whose birthday comes first in the calendar year is considered the primary carrier. If a divorce has occurred the plan follows divorce decree.

Feel free to call Superior Dental Care's **Member Services Department** with any questions. You can reach them at: (937) 438-0283 or toll-free at: (800) 762-3159 and you may contact us via e-mail or our website.