Small Group Dental Plans

COSE Benefit Plan | Groups of 1 Eligible Employee

Get comprehensive dental benefits for your employees from the dental experts at Superior Dental Care (SDC), a Medical Mutual company. 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 16,000 access points in Ohio. 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

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SDC Small Group Dental Plans with $1,000 Calendar Year Maximum

Effective 1/1/25–7/31/26

Choose from one of the group dental PPO plans below. Options include employer-sponsored and voluntary plans. 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 #1314 In-/Out-of-Network		SDC Plan #1388 In-/Out-of-Network	
Plan Design	**Preventive**	100/100%		100/100%	
	Basic	80/80%		50/50%	
	Major	50/50%		50/50%	
	Calendar Year Maximum	$1,000		$1,000	
	Deductible (Basic and Major only)	$50/150		$50/150	
	Contribution	Choice of Voluntary or Employer-sponsored			
	Out-of-Network Reimbursement	Choice of MAC[1] or UCR[2]			
Voluntary PPO *No Orthodontia*		**MAC** ☐	**UCR** ☐	**MAC** ☐	**UCR** ☐
Employee		$38.40	$43.77	$32.55	$37.10
Employee + Spouse		$76.80	$87.54	$65.10	$74.20
Employee + Child(ren)		$95.61	$108.99	$81.05	$92.38
Family		$134.01	$152.76	$113.60	$129.48
(INTERNAL USE ONLY) TOC:		*342100*	*342101*	*342116*	*342117*
Employer-sponsored PPO *No Orthodontia*		**MAC** ☐	**UCR** ☐	**MAC** ☐	**UCR** ☐
Employee		$34.92	$39.80	$29.59	$33.72
Employee + Spouse		$69.84	$79.60	$59.18	$67.44
Employee + Child(ren)		$86.95	$99.10	$73.68	$83.97
Family		$121.87	$138.90	$103.27	$117.69
(INTERNAL USE ONLY) TOC:		*342098*	*342099*	*342114*	*342115*

1. MAC (Maximum Allowable Charge) bases out-of-network reimbursement on allowable in-network fee.
2. UCR (Usual, Customary and Reasonable) is based on 80th percentile Fairhealth UCR.

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

Effective 1/1/25–7/31/26

Choose from one of the group dental PPO plans below. Options include employer-sponsored and voluntary plans. 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 #390 In-/Out-of-Network		**SDC Plan #1315** In-/Out-of-Network	
Plan Design	**Preventive**	100/100%		100/100%	
	Basic	90/80%		80/80%	
	Major	60/50%		50/50%	
	Calendar Year Maximum	$1,500		$1,500	
	Deductible (Basic and Major only)	$50/150		$50/150	
	Contribution	Choice of Voluntary or Employer-sponsored			
	Out-of-Network Reimbursement	Choice of MAC[1] or UCR[2]			
	Voluntary PPO *No Orthodontia*	**MAC** ☐	**UCR** ☐	**MAC** ☐	**UCR** ☐
	Employee	$46.07	$52.53	$41.90	$47.76
	Employee + Spouse	$92.14	$105.06	$83.80	$95.52
	Employee + Child(ren)	$114.72	$130.80	$104.33	$118.93
	Family	$160.79	$183.33	$146.23	$166.69
	(INTERNAL USE ONLY) TOC:	*342096*	*342097*	*342104*	*342105*
	Employer-sponsored PPO *No Orthodontia*	**MAC** ☐	**UCR** ☐	**MAC** ☐	**UCR** ☐
	Employee	$41.89	$47.75	$38.09	$43.43
	Employee + Spouse	$83.78	$95.50	$76.18	$86.86
	Employee + Child(ren)	$104.30	$118.89	$94.84	$108.13
	Family	$146.19	$166.64	$132.93	$151.56
	(INTERNAL USE ONLY) TOC:	*342094*	*342095*	*342102*	*342103*

1. MAC (Maximum Allowable Charge) bases out-of-network reimbursement on allowable in-network fee.
2. UCR (Usual, Customary and Reasonable) is based on 80th percentile Fairhealth UCR.

Group Official Rate Acceptance

Please initial next to the benefits that have been selected by the group, and fill out the following information below.

Group Name	Group Number

Group Official Title

Group Official Signature	Date