

Small Group Dental Plans

COSE Benefit Plan | Groups of 5–50 Enrolled Employees



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

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 #1316 In-/Out-of-Network	SDC Plan #1388 In-/Out-of-Network			
Preventive	100/100%	100/100%	100/100%			
Basic	80/80%	80/80%	50/50%			
Major	50/50%	50/50%	50/50%			
Calendar Year Maximum	\$1,000	\$1,000	\$1,000			
Deductible (Basic and Major only)	\$50/150	\$50/150	\$50/150			
Orthodontia	N/A	50% to \$1,000 ¹	N/A			
Contribution	Choice of Voluntary ² or Employer-sponsored ³					
Out-of-Network Reimbursement	Choice of MAC ⁴ or UCR ⁵					
Voluntary PPO	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>
Employee	\$30.72	\$35.02	\$33.46	\$38.15	\$26.04	\$29.68
Employee + Spouse	\$61.44	\$70.04	\$66.92	\$76.30	\$52.08	\$59.36
Employee + Child(ren)	\$76.49	\$87.20	\$83.32	\$94.99	\$64.84	\$73.90
Family	\$107.21	\$122.22	\$116.78	\$133.14	\$90.88	\$103.58
<i>(INTERNAL USE ONLY) TOC:</i>	342100	342101	342108	342109	342116	342117
Employer-sponsored PPO	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>
Employee	\$27.93	\$31.84	\$30.42	\$34.68	\$23.67	\$26.98
Employee + Spouse	\$55.86	\$63.68	\$60.84	\$69.36	\$47.34	\$53.96
Employee + Child(ren)	\$69.55	\$79.28	\$75.74	\$86.35	\$58.94	\$67.18
Family	\$97.48	\$111.12	\$106.16	\$121.03	\$82.61	\$94.16
<i>(INTERNAL USE ONLY) TOC:</i>	342098	342099	342106	342107	342114	342115

- Plans with orthodontia require minimum participation of 10 enrolled employees.
- Voluntary plans require 25% participation. Valid waivers should not count in calculation.
- Employer-sponsored assumes minimum employer contribution of 50% and minimum participation of 50%.
- MAC (Maximum Allowable Charge) bases out-of-network reimbursement on allowable in-network fee.
- 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	SDC Plan #1317 In-/Out-of-Network				
Plan Design	Preventive	100/100%	100/100%	100/100%			
	Basic	90/80%	80/80%	80/80%			
	Major	60/50%	50/50%	50/50%			
	Calendar Year Maximum	\$1,500	\$1,500	\$1,500			
	Deductible (Basic and Major only)	\$50/150	\$50/150	\$50/150			
	Orthodontia	N/A	N/A	50% to \$1,000 ¹			
	Contribution	Choice of Voluntary ² or Employer-sponsored ³					
	Out-of-Network Reimbursement	Choice of MAC ⁴ or UCR ⁵					
	Voluntary PPO	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>
	Employee	\$36.86	\$42.02	\$33.52	\$38.21	\$36.25	\$41.32
Employee + Spouse	\$73.72	\$84.04	\$67.04	\$76.42	\$72.50	\$82.64	
Employee + Child(ren)	\$91.78	\$104.63	\$83.47	\$95.14	\$90.26	\$102.89	
Family	\$128.64	\$146.65	\$116.99	\$133.35	\$126.51	\$144.21	
<i>(INTERNAL USE ONLY) TOC:</i>	342096	342097	342104	342105	342112	342113	
Employer-sponsored PPO	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	MAC <input type="checkbox"/>	UCR <input type="checkbox"/>	
Employee	\$33.51	\$38.20	\$30.47	\$34.74	\$32.95	\$37.56	
Employee + Spouse	\$67.02	\$76.40	\$60.94	\$69.48	\$65.90	\$75.12	
Employee + Child(ren)	\$83.44	\$95.12	\$75.87	\$86.50	\$82.05	\$93.52	
Family	\$116.95	\$133.32	\$106.34	\$121.24	\$115.00	\$131.08	
<i>(INTERNAL USE ONLY) TOC:</i>	342094	342095	342102	342103	342110	342111	

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- 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