Small Group Dental Plans

Indiana | Groups of 2–50 Enrolled Employees

Superior Dental Care®
A Medical Mutual® Company



Get comprehensive dental benefits for your employees from the dental experts at Superior Dental Care (SDC). 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 5,500 access points in Indiana. 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 $750 or $1,000 Calendar Year Maximum

Effective 5/1/25

Choose from one of the group dental plans below. 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 #1320 In-/Out-of-Network	SDC Plan #1341 In-/Out-of-Network	SDC Plan #1343 In-/Out-of-Network	SDC Plan #1314 In-/Out-of-Network	SDC Plan #1316 In-/Out-of-Network
Plan Design	**Preventive**	100/100%	100/100%	100/100%	100/100%	100/100%
	Basic	50/50%	50/50%	50/50%	80/80%	80/80%
	Major	30/30%	50/50%	50/50%	50/50%	50/50%
	Contract Max	$750	$1,000	$1,000	$1,000	$1,000
	Deductible (Basic and Major only)	$50/$150	$50/$150	$50/$150	$50/$150	$50/$150
	Out-of-Network Reimbursement	MAC[1] or UCR[2]	MAC[1] or UCR[2]	MAC[1] or UCR[2]	MAC[1] or UCR[2]	MAC[1] or UCR[2]
	Orthodontia	Not Covered	Not Covered	50% to $1,000[3]	Not Covered	50% to $1,000[3]

2-Tier	MAC ☐	UCR ☐	MAC ☐	UCR ☐	MAC ☐	UCR ☐	MAC ☐	UCR ☐	MAC ☐	UCR ☐
Employee	$20.38	$24.45	$24.67	$29.61	$24.67	$29.61	$30.19	$36.23	$30.19	$36.23
Family	$56.66	$67.99	$68.61	$82.32	$72.81	$87.38	$83.93	$100.71	$88.14	$105.77

3-Tier	MAC ☐	UCR ☐	MAC ☐	UCR ☐	MAC ☐	UCR ☐	MAC ☐	UCR ☐	MAC ☐	UCR ☐
Employee	$20.38	$24.45	$24.67	$29.61	$24.67	$29.61	$30.19	$36.23	$30.19	$36.23
Employee + Spouse / Employee + Child	$39.46	$47.36	$47.77	$57.33	$49.40	$59.27	$58.45	$70.13	$60.07	$72.08
Employee + Children / Family	$70.11	$84.13	$84.88	$101.86	$91.10	$109.31	$103.85	$124.62	$110.08	$132.09

4-Tier	MAC ☐	UCR ☐	MAC ☐	UCR ☐	MAC ☐	UCR ☐	MAC ☐	UCR ☐	MAC ☐	UCR ☐
Employee	$20.38	$24.45	$24.67	$29.61	$24.67	$29.61	$30.19	$36.23	$30.19	$36.23
Employee + Spouse	$40.76	$48.91	$49.35	$59.22	$49.35	$59.22	$60.37	$72.46	$60.37	$72.46
Employee + Child(ren)	$50.58	$60.69	$61.24	$73.50	$67.49	$80.99	$74.93	$89.92	$81.18	$97.41
Family	$70.97	$85.16	$85.92	$103.10	$92.16	$110.59	$105.12	$126.15	$111.37	$133.63
TOC (internal use only)	*345276*	*345840*	*345281*	*345841*	*345283*	*345842*	*345284*	*345845*	*345286*	*345846*

1. MAC (Maximum Allowable Charge) bases out-of-network reimbursement on allowable in-network fee.
2. UCR (Usual, Customary and Reasonable) is based on 90th percentile Fairhealth UCR.
3. Plans with orthodontia require minimum participation of 10 enrolled employees.

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

Effective 5/1/25

Choose from one of the group dental plans below. 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 #1342 In-/Out-of-Network	SDC Plan #1344 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%	100/100%
	Basic	50/50%	50/50%	80/80%	80/80%
	Major	50/50%	50/50%	50/50%	50/50%
	Contract Max	$1,500	$1,500	$1,500	$1,500
	Deductible (Basic and Major only)	$50/$150	$50/$150	$50/$150	$50/$150
	Out-of-Network Reimbursement	MAC[1] or UCR[2]	MAC[1] or UCR[2]	MAC[1] or UCR[2]	MAC[1] or UCR[2]
	Orthodontia	Not Covered	50% to $1,000[3]	Not Covered	50% to $1,000[3]

2-Tier	**MAC** ☐	**UCR** ☐	**MAC** ☐	**UCR** ☐	**MAC** ☐	**UCR** ☐	**MAC** ☐	**UCR** ☐
Employee	$27.39	$32.87	$27.39	$32.87	$34.21	$41.05	$34.21	$41.05
Family	$76.15	$91.38	$80.37	$96.44	$95.10	$114.11	$99.31	$119.18

3-Tier	**MAC** ☐	**UCR** ☐	**MAC** ☐	**UCR** ☐	**MAC** ☐	**UCR** ☐	**MAC** ☐	**UCR** ☐
Employee	$27.39	$32.87	$27.39	$32.87	$34.21	$41.05	$34.21	$41.05
Employee + Spouse / Employee + Child	$53.03	$63.63	$54.65	$65.58	$66.23	$79.47	$67.85	$81.42
Employee + Children / Family	$94.23	$113.08	$100.45	$120.53	$117.67	$141.21	$123.90	$148.67

4-Tier	**MAC** ☐	**UCR** ☐	**MAC** ☐	**UCR** ☐	**MAC** ☐	**UCR** ☐	**MAC** ☐	**UCR** ☐
Employee	$27.39	$32.87	$27.39	$32.87	$34.21	$41.05	$34.21	$41.05
Employee + Spouse	$54.79	$65.74	$54.79	$65.74	$68.41	$82.10	$68.41	$82.10
Employee + Child(ren)	$67.99	$81.59	$74.23	$89.08	$84.91	$101.88	$91.14	$109.37
Family	$95.38	$114.46	$101.62	$121.95	$119.11	$142.93	$125.35	$150.42
TOC (internal use only)	*345282*	*345843*	*345280*	*345844*	*345285*	*345847*	*345287*	*345848*

1. MAC (Maximum Allowable Charge) bases out-of-network reimbursement on allowable in-network fee.
2. UCR (Usual, Customary and Reasonable) is based on 90th percentile Fairhealth UCR.
3. Plans with orthodontia require minimum participation of 10 enrolled employees.

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