DENTAL INSURANCE

Superior Dental Care | SDC Plan #1688



DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Single	$50	$50
Family	$150	$150
MAXIMUM THE CARRIER WILL PAY		
Annual Maximum	$1,000	$1,000
FREQUENCIES		
Cleaning	Two per benefit period	
Exam	Two per benefit period	
DENTAL COVERAGE		
Cleanings	100%	100%
Exams	100%	100%
X-Rays	100%	100%
Sealants	100%	100%
Fillings	80% after deductible	80% after deductible
Simple Extractions	80% after deductible	80% after deductible
Root Canal	50% after deductible	50% after deductible
Periodontal Gum Disease	50% after deductible	50% after deductible
Oral Surgery	80% after deductible	80% after deductible
Crowns	50% after deductible	50% after deductible
Dentures	50% after deductible	50% after deductible
Bridges	50% after deductible	50% after deductible
Orthodontia	Not covered	Not covered
Orthodontia Lifetime Maximum	Not covered	
OUT OF NETWORK EXPLANATION		
	Out-of-network reimbursement based on usual, customary and reasonable charges. Any out-of-network service may be subject to a "balance bill" for any amount that the dentist's charge exceeds the allowable amount for an eligible service.	
PLAN INFORMATION		
Waiting Period for Major Services	None	
Network Type	In-Network and Out-of-Network	
Network Name	Superior Dental	
Member Website	myhealthplan.com	
Customer Service Phone Number	800-801-4915	

PREMIUM PER EMPLOYEE PAYCHECK	
Employee Only	$0.00
Employee + Spouse	$15.50
Employee + Child(ren)	$18.32
Family	$36.26

SDC Superior Dental Care®
A Medical Mutual® Company

Plan Explanation

Your oral health is an important part of your overall well-being. Our **dental plan** provides coverage for preventive care and helps reduce the cost of basic and major dental services, giving you and your family access to the care needed to maintain healthy smiles.

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.