2024 Dental Benefit Plans from MVP Health Care®



For Individual Plans in New York State

MVP partners with Healthplex to ensure members have access to the most comprehensive oral care services through a network of fully credentialed dentists and specialists. All MVP dental plans with pediatric coverage meet the Affordable Care Act (ACA) requirements for dependent children up to age 19.

These plans can be purchased alongside your MVP medical plan, or as a standalone dental benefit.

	MVP Denta	al for Kids [°]	MVP Dental	PPO'-Family	MVP Dental PPO*-Adults		
	In-Network	Out-of-Network ¹	Up to Age 19	Age 19 and Over	In-Network	Out-of-Network ¹	
Annual Deductible	None	None	None	\$50²	\$100	\$100	
Annual Out-of-Pocket Maximum	\$400 for one child, \$800 for two or more children	None	IN: \$400 for one child, \$800 for two or more children OUT: None	None	None	None	
Annual Maximum Benefit	None	None	None	\$750	\$1,000 (In- and out-of-network combined		
Emergency and Preventive Dental	\$25 co-pay	\$25 co-pay	\$25 co-pay	Covered in full	Covered in full	Covered in full	
Routine Dental Exams, X-rays, Simple Extractions, Fillings	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay 0%, after deductible 20%, after		20%, after deductible	
Oral Surgery	50%	50%	50%	20%, after deductible	20%, after deductible	20%, after deductible	
Endodontics Root Canals	50%	50%	50%	20%, after deductible	50%, after deductible	50%, after deductible	
Periodontics	50%	50%	50%	20%, after deductible	50%, after deductible	50%, after deductible	
Prosthodontics ³ Partial Dentures, Crowns	50%	50%	50%	50%, after deductible	50%, after deductible	50%, after deductible	
Orthodontics ³	50%	50%	50%	Not covered	Not covered	Not covered	

Regional Rates Effective January 1, 2024–December 31, 2024	Single Child	Single+ Spouse	Single+ Child(ren)	Single+Spouse +Child(ren)	Single	Single+ Spouse	Single+ Child(ren)	Single + Spouse + Child(ren)	Single	Single+ Spouse	Single+ Child(ren)	Single + Spouse + Child(ren)
Albany	\$14.62	N/A	N/A	N/A	\$15.00	\$29.62	\$34.27	\$52.87	\$13.94	\$27.50	N/A	N/A
Buffalo	\$14.62	N/A	N/A	N/A	\$15.00	\$29.62	\$34.27	\$52.87	\$13.94	\$27.50	N/A	N/A
Mid-Hudson	\$14.62	N/A	N/A	N/A	\$15.00	\$29.62	\$34.27	\$52.87	\$13.94	\$27.50	N/A	N/A
New York City	\$14.62	N/A	N/A	N/A	\$15.00	\$29.62	\$34.27	\$52.87	\$13.94	\$27.50	N/A	N/A
Rochester	\$14.62	N/A	N/A	N/A	\$15.00	\$29.62	\$34.27	\$52.87	\$13.94	\$27.50	N/A	N/A
Syracuse	\$14.62	N/A	N/A	N/A	\$15.00	\$29.62	\$34.27	\$52.87	\$13.94	\$27.50	N/A	N/A
Utica/Watertown	\$14.62	N/A	N/A	N/A	\$15.00	\$29.62	\$34.27	\$52.87	\$13.94	\$27.50	N/A	N/A

¹ Any charges of a non-participating provider that are in excess of the allowed amount do not apply toward the deductible or out-of-pocket maximum. If billed by your provider, you must pay the amount of the non-participating provider's charge that exceeds our allowed amount.

IN: In-Network OUT: Out-of-Network

Predetermination of benefits available.

MVP Dental for Kids, MVP Dental PPO for Adults, and MVP Dental PPO for Families are administered by Healthplex, Inc.

MVP is not licensed to sell Individual dental products in the following counties: Allegany, Cattaraugus, Chautauqua (Buffalo Region); Bronx, Kings, New York, Queens, Richmond (NYC Region).

This chart is intended to provide a general outline of MVP Dental coverage. In the event of any conflict between this document, and your Dental Contract and Schedule of Benefits, your Dental Contract and Schedule of Benefits will be controlling.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company, MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

Questions?

Existing MVP Dental plan members can call the MVP Customer Care Center at the number on the back of their Dental Member ID card.

Ready to purchase a dental plan?

For more information, call **1-800-TALK-MVP** (1-800-825-5687) or visit **mvphealthcare.com**.

 $^{{}^2 \, {\}sf Deductible} \, {\sf applies} \, {\sf to} \, {\sf routine} \, {\sf dental} \, {\sf care}, endodontics, periodontics, and prosthodontics.$

 $^{^3}$ Service requires prior authorization, and must be medically necessary.