MVP Pediatric Dental (Individual) SCHEDULE OF BENEFITS MVP Health Services Corp. NY-PPO-DD-001-P

COST-SHARING PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	
 Deductible One (1) Member under age 19 Two (2) or more Members under age 19 	None None	None None	
 Out-of-Pocket Limit One (1) Member under age 19 Two (2) or more Members under age 19 	\$350 \$700	None None	
Deductibles, Coinsurance and Copayments that make up Your Out-of-Pocket Limit accumulate on a calendar year ending on December 31 of each year.		Any charges of a Non-Participating Provider that are in excess of the Allowed Amount do not apply towards the Deductible or Out-of-Pocket Limit. You must pay the amount of the Non-Participating Provider's charge that exceeds Our Allowed Amount.	

PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT & CARE	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Pediatric Dental Care	_		
Emergency Dental Care	\$25 Copayment	\$25 Copayment	One (1) dental exam & cleaning per six (6) month period
Preventive Dental Care	\$25 Copayment	\$25 Copayment	Full mouth X-rays or panoramic X-rays at 36 month intervals and
Routine Dental Care	\$25 Copayment	\$25 Copayment	bitewing X-rays at six month intervals
• Endodontics	50% Coinsurance	50% Coinsurance	
 Periodontics 	50% Coinsurance	50% Coinsurance	
Oral Surgery	50% Coinsurance	50% Coinsurance	
Prosthodontics	50% Coinsurance	50% Coinsurance	
Orthodontics	50% Coinsurance	50% Coinsurance	
Orthodontics and major dental (prosthodontics) require Preauthorization			

NY-PPO-DD-001-P (2020)