

MVP Pediatric Dental (Small Group)
SCHEDULE OF BENEFITS
MVP Health Services Corp.
NY-PPO-SD-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 <ul style="list-style-type: none">• One (1) Member under age 19• Two (2) or more Members under age 19	None None	None None	
Out-of-Pocket Limit <ul style="list-style-type: none">• One (1) Member under age 19• Two (2) or more Members under age 19	\$350 \$ 700	None None	

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 bitewing X-rays at six month intervals
• Routine Dental Care	\$25 Copayment	\$25 Copayment	
• Endodontics	50% Coinsurance	50% Coinsurance	
• Periodontics	50% Coinsurance	50% Coinsurance	
• Prosthodontics	50% Coinsurance	50% Coinsurance	
• Oral Surgery	50% Coinsurance	50% Coinsurance	
• Orthodontics	50% Coinsurance	50% Coinsurance	
Orthodontics and major dental (prosthodontics) require Preauthorization			