

**MVP Adult Dental (Individual)  
SCHEDULE OF BENEFITS  
MVP Health Services Corporation  
NY-PPO-DD-003-A**

<b>ADULT DENTAL CARE</b>	<b>Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Limits</b>
<b>Deductible</b> <ul style="list-style-type: none"> <li>• Individual</li> </ul>	\$100	\$100	
<b>Annual Maximum on All Services</b>	\$1,000 Combined Participating and Non-Participating Providers	\$1,000 Combined Participating and Non-Participating Providers  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.	

ADULT DENTAL CARE	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
<ul style="list-style-type: none"> <li>• Emergency Dental Care</li> <li>• Preventive Dental Care</li> <li>• Routine Dental Care</li> <li>• Oral Surgery</li> <li>• Endodontics- Preauthorization required</li> <li>• Periodontics- Preauthorization required</li> <li>• Prosthodontics- Preauthorization required</li> <li>• Orthodontics</li> </ul>	<p>0% Coinsurance</p> <p>0% Coinsurance</p> <p>20% Coinsurance, after deductible</p> <p>20% Coinsurance, after deductible</p> <p>50% Coinsurance, after deductible</p> <p>50% Coinsurance, after deductible</p> <p>50% Coinsurance, after deductible</p> <p>Not Covered</p>	<p>0% Coinsurance</p> <p>0% Coinsurance</p> <p>20% Coinsurance, after deductible</p> <p>20% Coinsurance, after deductible</p> <p>50% Coinsurance, after deductible</p> <p>50% Coinsurance, after deductible</p> <p>50% Coinsurance, after deductible</p> <p>Not Covered</p>	