

**MVP Family Dental (Individual)
SCHEDULE OF BENEFITS
MVP Health Services Corporation
NY-PPO-DD-002-F**

COST-SHARING PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	
<p>Deductible</p> <ul style="list-style-type: none"> • One (1) Member under age 19 • Two (2) or more Members under age 19 	<p>None</p> <p>None</p>	<p>None</p> <p>None</p>	
<p>Out-of-Pocket Limit</p> <ul style="list-style-type: none"> • One (1) Member under age 19 • Two (2) or more Members under age 19 	<p>\$350</p> <p>\$ 700</p>	<p>None</p> <p>None</p>	
<p>Deductibles, Coinsurance and Copayments that make up Your Out-of-Pocket Limit accumulate on a calendar year ending on December 31 of each year.</p>		<p>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.</p>	

PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT & CARE	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
<p>Pediatric Dental Care</p> <ul style="list-style-type: none"> • Emergency Dental Care • Preventive Dental Care • Routine Dental Care • Endodontics • Periodontics • Prosthodontics • Oral Surgery • Orthodontics <p>Orthodontics and major dental (prosthodontics) require Preauthorization</p>	<p>\$25 Copayment</p> <p>\$25 Copayment</p> <p>\$25 Copayment</p> <p>50% Coinsurance</p> <p>50% Coinsurance</p> <p>50% Coinsurance</p> <p>50% Coinsurance</p> <p>50% Coinsurance</p>	<p>\$25 Copayment</p> <p>\$25 Copayment</p> <p>\$25 Copayment</p> <p>50% Coinsurance</p> <p>50% Coinsurance</p> <p>50% Coinsurance</p> <p>50% Coinsurance</p> <p>50% Coinsurance</p>	<p>One (1) dental exam & cleaning per six (6) month period</p> <p>Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at six month intervals</p>

ADULT DENTAL CARE	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	
Deductible			
• Individual	None	None	
• Family	None	None	
Benefit Specific Deductible			
• Individual	\$ 50	\$50	Deductible applies to Routine Dental Care, Endodontics, Periodontics and Prosthodontics.
Out-of-Pocket Limit			
• Individual	None	None	
• Family	None	None	
Annual Maximum on All Services	\$750 Combined Participating and Non-Participating Providers	\$750 Combined Participating and Non-Participating Providers	

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"> • Emergency Dental Care • Preventive Dental Care • Routine Dental Care • Endodontics • Periodontics • Prosthodontics • Orthodontics <p>Major Dental (prosthodontics) Require Preauthorization</p>	<p>0% Coinsurance</p> <p>0% Coinsurance</p> <p>0% Coinsurance, after Deductible</p> <p>20% Coinsurance, after Deductible</p> <p>20% Coinsurance, after Deductible</p> <p>50% Coinsurance, after Deductible</p> <p>No Coverage</p>	<p>0% Coinsurance</p> <p>0% Coinsurance</p> <p>0% Coinsurance, after Deductible</p> <p>20% Coinsurance, after Deductible</p> <p>20% Coinsurance, after Deductible</p> <p>50% Coinsurance, after Deductible</p> <p>No Coverage</p>	

