

**MVP Pediatric Dental (Individual)
SCHEDULE OF BENEFITS
MVP Health Services Corporation
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 <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	
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
<p>Pediatric Dental Care</p> <ul style="list-style-type: none"> • Emergency Dental Care • Preventive Dental Care • Routine Dental Care • Endodontics • Periodontics • Oral Surgery • Prosthodontics • 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>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>