



MVP HEALTH CARE®

ENROLLMENT INSTRUCTIONS

In New York, individuals and families have the option to purchase their health plans either directly from a qualified insurer (such as MVP), or through New York State of Health™ — New York’s Official Health Plan Marketplace.

HOW TO PURCHASE A PLAN DIRECTLY FROM MVP HEALTH CARE “OFF-EXCHANGE”

As a qualified health plan (QHP), MVP is able to offer plans directly to individuals and families “Off-Exchange.”

Please include the following:

- Enrollment Form
- One-Time Direct Payment Plan Authorization Form (unless the first month’s premium is enclosed)
- If outside Open Enrollment – Affidavit of Special Open Enrollment (see instructions on form)

A check for the first month’s premium OR a direct payment plan authorization form must be received with your enrollment form **by the 25th of the month to guarantee an effective date of coverage for the first of the next month.**

Please return completed materials to discoversales@mvphealthcare.com, or fax to **1-585-325-3478**. You can also mail them to **MVP Health Care, Attn: Direct Sales Team, 220 Alexander Street, Rochester, NY 14607-9967**.

You may also enroll electronically at DiscoverMVP.com. *Note:* Brokers should remit completed enrollment materials to their dedicated MVP Sales representative.

PLEASE NOTE *that included in this packet are benefit highlights and rates for the pediatric dental program offered along with our medical plans. Pediatric dental coverage is required under the Affordable Care Act (ACA) for all participants under the age of 19. If you do not currently have adequate pediatric dental coverage in compliance with requirements, your plan will automatically include this dental coverage with the additional rate. If you do have adequate pediatric dental coverage, please indicate in Section 4 for each dependent under the age of 19 (carrier name must be included).*

HOW TO PURCHASE MVP PLANS THROUGH THE NY STATE OF HEALTH “ON-EXCHANGE”

If you prefer to shop online through the New York State of Health Marketplace, a range of MVP plans are available — providing quality coverage and peace of mind for you and your family.

Premium assistance and cost-sharing reductions based on your income level are only available when making purchases through the New York State of Health Marketplace.

Visit the Marketplace website at www.nystateofhealth.ny.gov for specific instructions and to find plan details and rates. You can also call a Marketplace Facilitated Enroller at **1-800-TALK-MVP (825-5687)**.



INDIVIDUAL ENROLLMENT/CHANGE FORM

ACTION REQUESTED: NEW YORK
 Enroll
 Change
 Cancel
625 State St. PO Box 2207
Schenectady, NY 12301-2207
518-370-4793 or 1-800-777-4793

1. INFORMATION ABOUT YOURSELF INSTRUCTIONS TO APPLICANT: Please print or type and complete Sections 1 through 7.

Name (First, MI, Last) _____ Marital Status Single Married

Address _____ City _____ State _____ Zip _____ County _____

Phone _____ Email Address _____

Coverage level Subscriber Subscriber & Spouse Subscriber & Dependents Family

Eligible for Medicare? Yes No Member ID# _____ Spouse/Dependent ID# _____

Member A Effective Date _____ B Effective Date _____ Spouse A Effective Date _____ B Effective Date _____

2. ENROLLMENT/CHANGE Group # _____ Sub-Group # _____

A. New Applicant Add Dependent **REASON:** Qualifying Event (describe) _____
 Name Change Plan Transfer _____
 Address Change Other _____

B. Termination Remove Dependent(s) only (please specify) _____
REASON: Moved From Area Opting for Other Coverage
 Other _____

Requested Effective Date _____ Requested Effective Date _____

3. CHOOSE COVERAGE Standard Non-Standard Metal Level _____ Metal # (if applicable) _____

A. Have you obtained stand-alone dental coverage that provides a pediatric dental essential health benefit through a New York State of Health-certified stand-alone dental plan offered outside the New York State of Health? Yes No

B. If you answered "yes", please provide the name of the company issuing the stand-alone dental coverage. _____ If you answered "no", we will provide you coverage of the pediatric dental essential health benefit. MVP Dental for Kids MVP Dental PPO Delta Dental PPO

4. INFORMATION ABOUT ALL FAMILY MEMBERS YOU WANT ENROLLED UNDER YOUR PLAN

You and each of your dependents must designate your choice of Primary Care Physician. For help, visit MVP's website www.mvphealthcare.com or contact the MVP Customer Care Center. For additional dependents, please list on a separate form.

1. Self

Male Female Age _____ Date of Birth ____ / ____ / ____ Social Security No. (required) ____ - ____ - ____
 Primary Care Physician (PCP) (First, Last) _____ Already a patient? Yes No PCP Number _____
 Do you already have pediatric dental essential health benefit coverage? Yes No If yes, with whom? _____ If no, we will provide this to you.

2. Name (First, MI, Last)

Relationship to Subscriber _____
 Male Female Age _____ Date of Birth ____ / ____ / ____ Social Security No. (required) ____ - ____ - ____
 Primary Care Physician (PCP) (First, Last) _____ Already a patient? Yes No PCP Number _____
 Do you already have pediatric dental essential health benefit coverage? Yes No If yes, with whom? _____ If no, we will provide this to you.

3. Name (First, MI, Last)

Relationship to Subscriber _____
 Male Female Age _____ Date of Birth ____ / ____ / ____ Social Security No. (required) ____ - ____ - ____
 Primary Care Physician (PCP) (First, Last) _____ Already a patient? Yes No PCP Number _____
 Do you already have pediatric dental essential health benefit coverage? Yes No If yes, with whom? _____ If no, we will provide this to you.

4. Name (First, MI, Last)

Relationship to Subscriber _____
 Male Female Age _____ Date of Birth ____ / ____ / ____ Social Security No. (required) ____ - ____ - ____
 Primary Care Physician (PCP) (First, Last) _____ Already a patient? Yes No PCP Number _____
 Do you already have pediatric dental essential health benefit coverage? Yes No If yes, with whom? _____ If no, we will provide this to you.

5. SIGNATURE I have read and agree to the authorization of the reverse side of this form.

DATE _____ 

6. AUTHORIZATION

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. I hereby apply for membership in MVP.

I hereby consent to the release of any medical, health and/or payment information (including without limitation pharmacy and claims information) about me by any licensed physician, hospital, other health care provider, or authorized federal, state or local agencies to MVP and any health care providers involved in caring for me, as reasonably necessary to allow MVP to administer my benefits or for MVP or my health care providers to carry out treatment, payment, or health care operations functions, to the extent permitted by law. I also agree that the information released for treatment, payment and health care operations may include HIV, STD, mental health or alcohol and substance abuse information about me to the extent permitted by law, until I revoke this consent.

I hereby certify that the statements made are true and complete to the best of my knowledge and belief.

By including an email address on this Enrollment/Change Form, you agree to accept electronic communication unless otherwise required by law.

7. BROKER

If a broker assisted you with completing this application, please include:

Broker's Name	MVP Agency #	Agency Name
Agency Address	Phone	Email



ONE TIME DIRECT DEBIT AUTHORIZATION FORM

SECTION 1: MEMBER INFORMATION

Member Name (Please Print)

Street Address

City / State / ZIP

Daytime Phone Number

SECTION 2: ONE TIME DIRECT DEBIT PAYMENT AUTHORIZATION

I hereby authorize MVP Health Care to withdraw the amount due to MVP immediately upon receipt for the provision of health benefits.

Signature

Date

In the case of an automatic bank debit form of payment, it shall be the Customer's responsibility to verify whether this payment is properly debited from their bank account. This authorization is for a One Time only debit for the initial premium payment.

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

**Staple a VOIDED check or
photocopy of a VOIDED check**

Direct Debit authorization must be sent with your completed enrollment form. Please follow enrollment instructions included in this packet.



AFFIDAVIT for QUALIFYING EVENT – SPECIAL OPEN ENROLLMENT PERIOD

STATE OF _____)

) ss.:

COUNTY OF _____)

The undersigned, being duly sworn, deposes and says:

I seek to enroll in coverage in an individual insurance plan through MVP Health Plan, Inc. outside of the annual Open Enrollment period (between November 1st through January 31st). I am completing this Affidavit as the Subscriber (and on behalf of my Spouse or Child, if applicable) within 60 days of the occurrence of one of the following events (check all that apply):

- _____ You or Your Spouse or Child loses minimum essential coverage. (Voluntary termination or termination for non-payment does not qualify as a loss of coverage)
 - _____ You move and become eligible for new health plans.
 - _____ You gain a Dependent or become a Dependent through marriage, birth, adoption or placement for adoption.
 - _____ You become pregnant (certification from doctor required for effective date eligibility).
 - _____ You, Your Spouse or Child exhausted Your COBRA or continuation coverage.
- (“You” refers to the individual completing this Affidavit)

***This form MUST be Notarized if you are eligible for one of the following Qualifying Events:**

- _____ * Your enrollment or non-enrollment in another health plan was unintentional, inadvertent or erroneous and was the result of the error, misrepresentation, or inaction of an officer, employee, or agent of a health plan or the Exchange (**NEEDS TO BE NOTARIZED**).
 - _____ * You adequately demonstrate to MVP that another health plan in which You were enrolled substantially violated a material provision of its contract **NEEDS TO BE NOTARIZED**).
 - _____ * You are determined newly eligible or newly ineligible for advance payments of the premium tax credit or have a change in eligibility for cost-sharing reductions **NEEDS TO BE NOTARIZED**).
- (“You” refers to the individual completing this Affidavit)

Date of Qualifying Event _____ (MVP must receive notice and any premium payment within 60 days of these events)

Through my below signature, I certify that I (and my Spouse and/or Child, if applicable) meet the guidelines to enroll in an individual plan through MVP based on the above qualifying event(s) that I have indicated apply. I declare that I have made this certification to the best of my knowledge and belief. Should I later learn or discover that one, or all, of the qualifying events was not true and correct, I will promptly notify MVP of this new information.

Print Name: _____

Signature: _____

Address: _____ Phone: _____

FOR ITEMS WITH AN ASTERISK (*)

Sworn to before me this _____ day of _____, 20_____

Notary Public

QUALITY DENTAL CARE FOR INDIVIDUALS AND SMALL GROUPS

MVP DENTAL PLANS

MVP Health Care® has dental options for everyone — now that's a reason to smile! To ensure our members have access to pediatric dental care as required by the Affordable Care Act (ACA), as well as receive the most comprehensive oral care, we offer dental plans for kids, adults and families — providing members with quality dental services through a network of fully credentialed general dentists and specialists.



PEDIATRIC DENTAL OPTIONS

- Delta Dental PPOSM
- MVP Dental for Kids

Covers kids up to age 19 for dental check-ups, cleanings, x-rays, fluoride treatments and more!

FAMILY DENTAL OPTION (INCLUDES PEDIATRIC COVERAGE)

MVP Dental PPO – provides you and your family with affordable dental care for good oral health.

EACH DENTAL PLAN OFFERS COMPREHENSIVE IN-NETWORK AND OUT-OF-NETWORK DENTAL COVERAGE*:

Preventive Dental Care – procedures which help to prevent oral disease from occurring, including scaling and polishing the teeth once every six months, topical fluoride treatments once every six months, sealants and space maintainers.

Routine Dental Care – dental examinations, x-rays, simple extractions, routine dental surgery (where hospitalization is not required), fillings and more.

Emergency Dental Care – emergency treatment required to alleviate pain and suffering caused by dental disease or trauma. Emergency Dental Care is not subject to Pre-Authorization.

Endodontics – procedures for treatment of diseased pulp chambers and pulp canals (where hospitalization is not required).

Prosthodontics⁺ – removable dentures (complete or partial), including six months of follow-up care.

Orthodontics⁺⁺ – used to help restore oral structures to health and function and to treat serious medical conditions such as: cleft palate and cleft lip, underdeveloped upper or lower jaw, and more.

FOR PLAN DETAILS AND RATES



Talk to your MVP Marketplace Facilitated Enroller or Broker, or visit **DiscoverMVP.com**.

To find a participating provider, use the *Find a Doctor* search tool at **mvphealthcare.com**.



Call us at **1-800-TALK-MVP (825-5687)** if you need help choosing the dental plan that's right for you.



*This list is intended to provide a general outline of MVP Dental coverage. In the event of any conflict between this document and your Dental Contract and Schedule of Benefits, your Dental Contract and Schedule of Benefits will be controlling. For details, please call the phone number listed on the back of your Dental Member ID card.

*Requires Pre-Authorization with MVP Dental for Kids and MVP Dental PPO.

**Requires Pre-Authorization with MVP Dental for Kids, MVP Dental PPO and Delta Dental PPO.

Delta Dental PPO is offered through Delta Dental.

MVP Dental for Kids and MVP Dental PPO are administered by Healthplex, Inc.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Health Insurance Company of New Hampshire, Inc.; MVP Select Care, Inc.; MVP Health Services Corp.; and Hudson Health Plan, Inc., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.



MVP DENTAL FOR KIDS

SUMMARY OF DENTAL BENEFITS

MVP Health Care® partners with Healthplex to ensure our members of small group and individual health plans have access to pediatric dental care as required by the Affordable Care Act (ACA), as well as receive the most comprehensive oral care. We offer *MVP Dental for Kids*, for kids up to age 19, and *MVP Dental PPO*, for adults and families – providing members with quality dental services through a network of fully credentialed general dentists and specialists.

BENEFIT / COST-SHARE	IN-NETWORK	OUT-OF-NETWORK*
Annual Dental Deductible	N/A	N/A
Annual Out-of-Pocket Maximum	\$350 (one child) \$700 (multiple children)	N/A
Class I – Preventive & Diagnostic Dental Services Cleanings and Exams Fluoride Treatments X-rays Space Maintainers	\$20 Copay	\$20 Copay
Class II – Basic Restorative Dental Services Fillings Endodontics (root canal) Periodontics Routine Oral Surgery	50% Coinsurance	50% Coinsurance
Class III – Major Restorative Dental Services† Crowns Partial Dentures	50% Coinsurance	50% Coinsurance
Class IV – Orthodontia† (Medically Necessary)	50% Coinsurance	50% Coinsurance

See reverse for 2016 Individual dental rates.



Online Resources and Tools

For quick and easy access to information members need to manage their dental benefits, they can log in at mvphealthcare.com. Here they will have the ability to:

- Find a dentist
- View plan benefits
- Check the status of a claim
- Use the interactive dental assessment tool
- **And more!**



Better Customer Service

For more information, call us today at **1-800-TALK-MVP (825-5687)**.

Existing MVP Dental Members can call the Customer Care Center at the phone number listed on the back of their Dental Member ID card.

*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. If billed by your provider, You must pay the amount of the Non-Participating Provider's charge that exceeds Our Allowed Amount.

†Requires Pre-Authorization

This chart is intended to provide a general outline of MVP Dental coverage. In the event of any conflict between this document and your Dental Contract and Schedule of Benefits, your Dental Contract and Schedule of Benefits will be controlling. For details, please call the phone number listed on the back of your Dental Member ID card.



MVP DENTAL FOR KIDS

2016 MONTHLY RATES

INDIVIDUAL	Single Subscriber	Double Subscriber + Spouse	Parent Subscriber + Child(ren)	Family Subscriber + Spouse + Child(ren)
ALBANY REGION Counties: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	\$27.52	\$27.52	\$27.52	\$27.52
BUFFALO REGION Counties: Genesee, Orleans, Wyoming	\$20.61	\$20.61	\$20.61	\$20.61
MID HUDSON REGION Counties: Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster	\$20.61	\$20.61	\$20.61	\$20.61
NEW YORK CITY REGION Counties: Rockland, Westchester	\$20.61	\$20.61	\$20.61	\$20.61
ROCHESTER REGION Counties: Livingston, Monroe, Ontario, Seneca, Wayne, Yates	\$20.61	\$20.61	\$20.61	\$20.61
SYRACUSE REGION Counties: Broome, Cayuga, Cortland, Onondaga, Steuben, Tompkins	\$20.61	\$20.61	\$20.61	\$20.61
UTICA/WATERTOWN REGION Counties: Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, St. Lawrence	\$20.61	\$20.61	\$20.61	\$20.61

See reverse for 2016 summary of dental benefits.

Note: MVP is not licensed to sell Individual products in the following counties - Allegany, Cattaraugus, Chautauqua, Erie, Niagara (Buffalo Region); Bronx, Kings, New York/Manhattan, Queens, Richmond (NYC Region); Chemung, Schuyler, Tioga (Syracuse Region).

Rates listed above are for pediatric coverage only. Eligible members must be under the age of 19 to qualify.

MVP Dental for Kids and MVP Dental PPO are administered by Healthplex, Inc.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Health Insurance Company of New Hampshire, Inc.; MVP Select Care, Inc.; MVP Health Services Corp.; and Hudson Health Plan, Inc., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.



MVP DENTAL PPO

SUMMARY OF DENTAL BENEFITS

MVP Health Care® partners with Healthplex to ensure our members of small group and individual health plans have access to pediatric dental care as required by the Affordable Care Act (ACA), as well as receive the most comprehensive oral care. We offer *MVP Dental for Kids*, for kids up to age 19, and *MVP Dental PPO*, for adults and families – providing members with quality dental services through a network of fully credentialed general dentists and specialists.

BENEFIT / COST-SHARE	IN-NETWORK	OUT-OF-NETWORK*
Annual Dental Deductible Benefit-specific, Class II & III Services	\$50	\$50
Annual Maximum Benefit	\$750 person/year (adult), no limit for children	
Class I – Preventive & Diagnostic Dental Services Cleanings and Exams Fluoride Treatments X-rays Space Maintainers	Covered in Full	Covered in Full
Class II – Basic Restorative Dental Services Fillings Endodontics (root canal) Periodontics Routine Oral Surgery	20% Coinsurance	20% Coinsurance
Class III – Major Restorative Dental Services† Crowns Partial Dentures	50% Coinsurance	50% Coinsurance
Class IV – Orthodontia† (Medically Necessary)	50% Coinsurance	50% Coinsurance

See reverse for 2016 Individual dental rates.



Online Resources and Tools

For quick and easy access to information members need to manage their dental benefits, they can log in at mvphealthcare.com. Here they will have the ability to:

- Find a dentist
- View plan benefits
- Check the status of a claim
- Use the interactive dental assessment tool
- **And more!**



Better Customer Service

For more information, call us today at **1-800-TALK-MVP (825-5687)**.

Existing MVP Dental Members can call the Customer Care Center at the phone number listed on the back of their Dental Member ID card.

*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. If billed by your provider, You must pay the amount of the Non-Participating Provider's charge that exceeds Our Allowed Amount.

†Requires Pre-Authorization

This chart is intended to provide a general outline of MVP Dental coverage. In the event of any conflict between this document and your Dental Contract and Schedule of Benefits, your Dental Contract and Schedule of Benefits will be controlling. For details, please call the phone number listed on the back of your Dental Member ID card.



MVP DENTAL PPO

2016 MONTHLY RATES

INDIVIDUAL	Single Subscriber	Double Subscriber + Spouse	Parent Subscriber + Child(ren)	Family Subscriber + Spouse + Child(ren)
ALBANY REGION Counties: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	\$19.02	\$37.68	\$52.58	\$78.55
BUFFALO REGION Counties: Genesee, Orleans, Wyoming	\$19.28	\$38.19	\$46.02	\$70.53
MID HUDSON REGION Counties: Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster	\$19.28	\$38.19	\$46.02	\$70.53
NEW YORK CITY REGION Counties: Rockland, Westchester	\$19.28	\$38.19	\$46.02	\$70.53
ROCHESTER REGION Counties: Livingston, Monroe, Ontario, Seneca, Wayne, Yates	\$19.02	\$37.68	\$45.68	\$69.92
SYRACUSE REGION Counties: Broome, Cayuga, Cortland, Onondaga, Steuben, Tompkins	\$19.02	\$37.68	\$45.68	\$69.92
UTICA/WATERTOWN REGION Counties: Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, St. Lawrence	\$19.02	\$37.68	\$45.68	\$69.92

See reverse for 2016 summary of dental benefits.

Note: MVP is not licensed to sell Individual products in the following counties - Allegany, Cattaraugus, Chautauqua, Erie, Niagara (Buffalo Region); Bronx, Kings, New York/Manhattan, Queens, Richmond (NYC Region); Chemung, Schuyler, Tioga (Syracuse Region).

MVP Dental for Kids and MVP Dental PPO are administered by Healthplex, Inc.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Health Insurance Company of New Hampshire, Inc.; MVP Select Care, Inc.; MVP Health Services Corp.; and Hudson Health Plan, Inc., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

Delta Dental PPOSM

Pediatric Basic Plan for Individuals 2016 Rates



A Delta Dental PPO plan makes it easy for members to find a dentist and control costs when visiting a Delta Dental network provider. Delta Dental also offers competitive rates and access to one of the largest dentist networks in the U.S. – making quality dental care accessible and affordable for members. 2016 monthly rates for the Pediatric Basic Plan for Individuals are listed below ▼

SUBSCRIBER AGE 19+	Subscriber	Subscriber + Spouse	Subscriber + Child(ren)	Family
ALBANY REGION Counties: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	\$0.00	\$15.98	\$30.36	\$30.36
BUFFALO REGION Counties: Allegany#, Cattaraugus#, Chautauqua#, Erie, Genesee, Niagara, Orleans, Wyoming	\$0.00	\$14.96	\$28.42	\$28.42
MID HUDSON Counties: Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster	\$0.00	\$17.88	\$33.97	\$33.97
NEW YORK CITY Counties: Bronx#, Kings#, New York#, Queens#, Richmond#, Rockland, Westchester	\$0.00	\$22.03	\$41.86	\$41.86
ROCHESTER Counties: Livingston, Monroe, Ontario, Seneca, Wayne, Yates	\$0.00	\$15.51	\$29.47	\$29.47
SYRACUSE Counties: Broome, Cayuga, Chemung, Cortland, Onondaga, Schuyler, Steuben, Tioga, Tompkins	\$0.00	\$15.72	\$29.87	\$29.87
UTICA/WATERTOWN Counties: Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, St. Lawrence	\$0.00	\$15.62	\$29.68	\$29.68

MVP is not licensed to sell in this county

Rates listed above are for Pediatric coverage only. Eligible members must be under the age of 19 to qualify. For subscribers under the age of 19, contact your MVP Health Care[®] Representative for additional rates. You must purchase an MVP medical plan in order to qualify for this pediatric dental coverage.



Delta Dental Individual

Delta Dental PPOSM Pediatric Basic Plan

Plan Highlights

Plan Highlights	Pediatric Benefits (up to age 19)	
Deductibles & Maximums per Calendar Year		
Deductible	Enrollee	\$65 per pediatric enrollee
Deductible Waived <i>Deductible does not apply to these services</i>	n/a	
Annual Maximum <i>Maximum the plan will pay each year for services per person</i>	None	
Out-of-Pocket Maximum <i>After this amount is reached, the plan pays 100% of the remaining covered services for that year. Applies only to in-network services</i>	\$350 one pediatric enrollee, \$700 two or more pediatric enrollees	
Covered Services*	<i>Delta Dental pays</i>	<i>Enrollee pays</i>
Diagnostic and Preventive Services	100%	0%
Basic Services	50%	50%
Major Services	50%	50%
Orthodontics Medically Necessary	50%	50%
Waiting Period(s)	None	

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement to dentists is based on contracted fees for all dental providers.

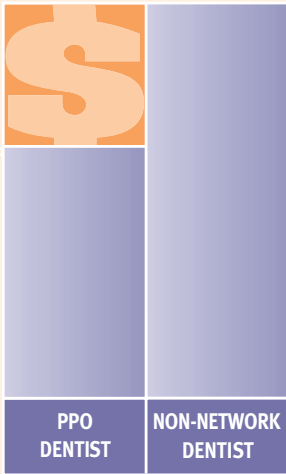
Delta Dental Individual

Delta Dental PPOSM Pediatric Basic Plan

Greatest potential savings
when you visit a Delta Dental
PPO dentist

OUT-OF-POCKET COSTS

SAVE MORE SAVE LESS



AMOUNT YOU **SAVE**
AMOUNT YOU **PAY**

Illustration showing sample enrollee share of cost for information purposes only. Actual dentist fees and contract allowances will vary by region, procedure and by Plan Policy.

Delta Dental is committed to being your partner in maintaining great oral health. A Delta Dental PPO plan can help give you the coverage you need by offering options that balance maximum dentist choice with stretching your dental budget. Use this guide to learn more about how the plan works and what benefits are covered.

What is Delta Dental PPO?

A Delta Dental PPO plan provides benefits through a network of dentists who agree to accept reduced fees for services covered under your plan. You can visit any licensed dentist, but your costs will usually be lowest when you see a PPO dentist. Your PPO plan also provides coverage wherever you are — there are no service area restrictions — just great coverage anywhere, anytime.

After you have satisfied your plan deductible, your dental plan will pay a percentage of the amount allowed under your contract for covered services, and you are responsible for the remaining percentage, commonly called “coinsurance.”*

Plan features

- Most Delta Dental PPO plans require you to meet a plan deductible. After that, the plan pays the percentage of charges as outlined in your policy benefits.
- Most diagnostic and preventive services such as checkups and cleanings are covered at 100%.

What should I know about network dentists?

Since Delta Dental PPO is one of the largest dentist networks in the U.S.,[†] chances are there’s a wide choice of network dentists near your home or work. You may even find that your current dentist is already in our network.

- **Save money on dental costs when you visit a Delta Dental PPO dentist.** Our PPO network dentists accept reduced fees for covered services they provide you, so you’ll usually pay the least when you visit a PPO network dentist. Plus, Delta Dental PPO dentists won’t balance bill you the difference between the contracted amount and their usual fee.

* Plus any amounts over plan maximums or for non-covered services.



Delta Dental of New York, Inc.
One Delta Drive
Mechanicsburg, PA 17055-6999

Customer Service
800-471-8148
deltadentalins.com

Claims Address
One Delta Drive
Mechanicsburg, PA 17055-6999

PB_DD_NY_I_PED_BSC

- **Delta Dental PPO plans offer a second network that can help you save.** Delta Dental has a second network called Delta Dental Premier®. These dentists are not “in-network,” but it’s likely you’ll pay less than if you visit a non-Delta Dental dentist. Premier dentists also agree that they will not bill you more than their Premier contracted fees. Visiting a PPO dentist is your best bet for lowering your costs, but you’ll usually save money when you choose a Premier dentist over a dentist who is not a member of either the PPO or Premier networks.
- **Our large networks make finding a dentist easy.** Visit us at deltadentalins.com to search our dentist directory by location or specialty. Want to visit a non-Delta Dental dentist? No problem. You can visit any licensed dentist, but your costs are usually lowest when you see a PPO dentist.

Are there other advantages to a Delta Dental PPO plan?

Yes. Delta Dental plans are easy to use and understand:

- **Claims are simple with a Delta Dental dentist.** You pay only your portion of the bill for services when you visit a Delta Dental dentist. After a claim has been processed, you will receive a dental benefits statement from us. This document lists the services provided, the costs of the dental treatment and any fees you owe your dentist.
- **Delta Dental’s Online Services make getting information quick and easy.** Wherever you are — work, home or on the go — you can access your benefits and eligibility, find a dentist, print ID cards and manage your claims. And our online tools are a snap to use on your mobile device, so we’re there when you need us.
- **The SmileWay® Wellness Program** provides resources including a risk assessment quiz, articles, videos and a subscription to *Grin!*, our free dental health e-newsletter.
- **Visiting a dentist is simple.** When you are enrolled in Delta Dental PPO, you don’t need an ID card to receive services; simply provide the dental office with your name, date of birth and social security or enrollee ID number. Or access your ID card on your mobile device for a quick and paperless option.

† Netminder Dental Network Trend Report, March 2014

This benefit information is only a summary and is not intended or designed to replace or serve as the plan Policy. Please consult the Policy for a complete description of plan benefits, limitations and exclusions. In the event of any inconsistency between this document and the Plan Policy, the terms of the Plan Policy will prevail.