

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

<b>COST-SHARING PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT</b>	<b>Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider Member Responsibility for Cost-Sharing</b>	
<p><b>Deductible</b></p> <ul style="list-style-type: none"> <li>• One (1) Member under age 19</li> <li>• Two (2) or more Members under age 19</li> </ul>	None	None	
<p><b>Out-of-Pocket Limit</b></p> <ul style="list-style-type: none"> <li>• One (1) Member under age 19</li> <li>• Two (2) or more Members under age 19</li> </ul>	\$350	None	
<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>	\$ 700	None	<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>

<b>PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT &amp; CARE</b>	<b>Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Limits</b>
<p><b>Pediatric Dental Care</b></p> <ul style="list-style-type: none"> <li>• Emergency Dental Care</li> <li>• Preventive Dental Care</li> <li>• Routine Dental Care</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Prosthodontics</li> <li>• Oral Surgery</li> <li>• Orthodontics</li> </ul> <p><b>Orthodontics and major dental (prosthodontics) require Preauthorization</b></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 &amp; 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>

<p><b>ADULT DENTAL CARE</b></p> <p><b>Deductible</b></p> <ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> </ul> <p><b>Benefit Specific Deductible</b></p> <ul style="list-style-type: none"> <li>• Individual</li> </ul> <p><b>Out-of-Pocket Limit</b></p> <ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> </ul> <p><b>Annual Maximum on All Services</b></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><b>Participating Provider Member Responsibility for Cost-Sharing</b></p> <p>None None</p> <p>\$ 50</p> <p>None None</p> <p>\$750 Combined Participating and Non-Participating Providers</p>	<p><b>Non-Participating Provider Member Responsibility for Cost-Sharing</b></p> <p>None None</p> <p>\$50</p> <p>None None</p> <p>\$750 Combined Participating and Non-Participating Providers</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>	<p>Deductible applies to Routine Dental Care, Endodontics, Periodontics and Prosthodontics.</p>

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>• Endodontics</li> <li>• Periodontics</li> <li>• Prosthodontics</li> <li>• Orthodontics</li> </ul> <p><b>Major Dental (prosthodontics) Require Preauthorization</b></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>	

