MVP Family Dental (Small Group)
SCHEDULE OF BENEFITS
MVP Health Services Corporation
NY-PPO-SD-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**	
Deductible			
• One (1) Member under age 19	None	None	
• Two (2) or more Members under age 19	None	None	
Out-of-Pocket Limit			
• One (1) Member under age 19	$350	None	
• Two (2) or more Members under age 19	$700	None	
		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**
Pediatric Dental Care • Emergency Dental Care	$25 Copayment	$25 Copayment	One (1) dental exam & cleaning per six (6) month period
• Preventive Dental Care	$25 Copayment	$25 Copayment	Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at six month intervals
• Routine Dental Care	$25 Copayment	$25 Copayment	
• Endodontics	50% Coinsurance	50% Coinsurance	
• Periodontics	50% Coinsurance	50% Coinsurance	
• Prosthodontics	50% Coinsurance	50% Coinsurance	
• Oral Surgery	50% Coinsurance	50% Coinsurance	
• Orthodontics	50% Coinsurance	50% Coinsurance	
Orthodontics and major dental (prosthodontics) require Preauthorization			

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			Deductible Applies to: Routine Dental Care, Endodontics, Periodontics and Prosthodontics.
• Individual	$ 50	$50	
Out-of-Pocket Limit			
• Individual	None	None	
• Family	None	None	
Annual Maximum on All Services	$750 Combined Participating and Non-Participating Provider	$750 Combined Participating and Non-Participating Provider	
		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
• Emergency Dental Care	0% Coinsurance	0% Coinsurance	
• Preventive Dental Care	0% Coinsurance	0% Coinsurance	
• Routine Dental Care	0% Coinsurance, after Deductible	0% Coinsurance, after Deductible	
• Endodontics	20% Coinsurance, after Deductible	20% Coinsurance, after Deductible	
• Periodontics	20% Coinsurance, after Deductible	20% Coinsurance, after Deductible	
• Prosthodontics	50% Coinsurance, after Deductible	50% Coinsurance, after Deductible	
• Orthodontics	No Coverage	No Coverage	
Major Dental (prosthodontics) Require Preauthorization			