

**MVP Pediatric Dental (Small Group)
SCHEDULE OF BENEFITS
MVP Health Services Corporation
NY-PPO-SD-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	
		<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
Pediatric Dental Care <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>	\$25 Copayment \$25 Copayment \$25 Copayment 50% Coinsurance 50% Coinsurance 50% Coinsurance 50% Coinsurance 50% Coinsurance	\$25 Copayment \$25 Copayment \$25 Copayment 50% Coinsurance 50% Coinsurance 50% Coinsurance 50% Coinsurance 50% Coinsurance	One (1) dental exam & cleaning per six (6) month period Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at six month intervals