

**MVP Adult Dental (Small Group)
SCHEDULE OF BENEFITS
MVP Health Services Corp.
NY-PPO-SD-003-A**

ADULT DENTAL CARE	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost- Sharing	Limits
Deductible <ul style="list-style-type: none"> • Individual • Family 	\$100 NA	\$100 NA	Deductible Applies to: Routine Dental Care, Oral Surgery, Endodontics, Periodontics and Prosthodontics
Out-of-Pocket Limit	None	None	
Annual Maximum on All Services	\$1,000 Combined Participating and Non- Participating Provider	\$1,000 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
<ul style="list-style-type: none"> • Emergency Dental Care • Preventive Dental Care • Routine Dental Care • Oral Surgery • Endodontics- Preauthorization required • Periodontics- Preauthorization required • Prosthodontics- Preauthorization required • Orthodontics 	<p>0% Coinsurance</p> <p>0% Coinsurance</p> <p>20% Coinsurance, after Deductible</p> <p>20% Coinsurance, after Deductible</p> <p>50% Coinsurance, after Deductible</p> <p>50% Coinsurance, after Deductible</p> <p>50% Coinsurance, after Deductible</p> <p>Not Covered</p>	<p>0% Coinsurance</p> <p>0% Coinsurance</p> <p>20% Coinsurance, after Deductible</p> <p>20% Coinsurance, after Deductible</p> <p>50% Coinsurance, after Deductible</p> <p>50% Coinsurance, after Deductible</p> <p>50% Coinsurance, after Deductible</p> <p>Not Covered</p>	