



Group Dental Plan - Option 3

SUMMARY OF DENTAL BENEFITS^{1,2}

This chart is a summary of your Dental Benefits. All Benefits are subject to the Deductible unless otherwise specified. Pre-Determination is recommended for Covered Dental Services that exceed \$200.

Annual Dental Deductible	\$50 per Member (Maximum \$150 per Family) After you and your family have met the Maximum in deductibles in a Calendar Year, no additional deductibles will have to be satisfied by family members for the remainder of that Calendar Year.
Dental Network Requirements	None (you may see any licensed dentist)
Preventive Dental Services Benefits include: routine oral exams, individual periapical x-rays, occlusal x-rays, extraoral and bitewing x-rays, dental prophylaxis (cleaning & scaling teeth), fluoride treatments, and more	MVP covers at 100% of Allowable Charges, not subject to Deductible
Basic Dental Services Benefits include: diagnostic casts, pulpotomy (deciduous teeth) and pulp capping, root canal therapy, apicoectomy and retrograde filling, hemisection, scaling and root planning, complete series or panoramic x-rays, space maintainers and more	MVP covers at 80% of Allowable Charges
Major Dental Services Benefits include: initial gold inlays and onlays, porcelain restorations and initial crowns, gold post and core, frenectomy, initial full or partial dentures, initial fixed bridges and replacement or fixed bridges stainless steel crowns, re-cement inlays & crowns and more	MVP covers at 60% of Allowable Charges
Dependent Child Coverage (Optional Group Riders for other ages and students are available at additional cost)	Unmarried Dependent Children to age 19

A FEW POPULAR OPTIONAL RIDERS³

Annual Benefit Maximum	\$750 or \$1,000 per Member per Calendar Year
Orthodontic Services (Rider available depending on group size) Benefits include: cephalometric x-rays, malocclusions, a study model, orthodontic appliance, adjustments, & installation of braces	MVP covers at 50% of Allowable Charges, not subject to Deductible and subject to a lifetime maximum of \$1,000
Sealant Benefit Benefit includes: sealant application to permanent molars, once in a 36 month period per tooth for children under age 16	MVP covers at 100% of Allowable Charges, not subject to Deductible

¹If you have an MVP health plan (medical) that includes *Preventive Dental Care for Kids* - the benefits outlined within this Group Dental Plan are primary.

²The chart above includes some of the more popular dental benefits. For complete benefits, please see the Contract and any applicable Rider(s).

³With MVP Dental you also have the option of adding orthodontia coverage, coverage for students and unmarried dependents. For details call 1-800-TALK-MVP (1-800-825-5687). Riders are available at additional cost and not included as part of the base dental plan.

This chart is intended to provide a general outline of MVP coverage. In the event of any conflict between this document and your Dental Contract and any applicable rider(s), your Dental Contract and rider(s) will be controlling. For details, please call 1-800-TALK-MVP (1-800-825-5687).

Better Customer Service

- MVP Customer Service Hours – reach our dedicated customer service representatives Monday through Friday, from 8:30 a.m. to 5:00 p.m. (closed holidays). Call 1-800-480-5640.
- Calls answered by a real person in seconds.
- You can also email your questions about coverage to **www.mvphealthcare.com**.

Web Tools

To help you find information about dental topics and related information visit MVP's Web site at **www.mvphealthcare.com**. There you will find:

- Health Topics A-Z (Health Encyclopedia) – powered by Healthwise® Knowledgebase
- Dental claim forms
- Order ID cards
- Initial online enrollment (accepted from new employer groups)