

Dental Benefit Plan Summary of Benefits

For SMW #112 Welfare Fund

Service Category	Coverage Information
Annual Dental Deductible for Type II Services	\$50.00 Individual/\$150 Family
Annual Maximum Benefits for Type II Services	\$750.00 per person
Lifetime Orthodontic Maximum	Not applicable
Preventive & Diagnostic Dental Services Type I Services	Covered at 100%, not subject to the annual deductible or maximum
Basic Dental Services for Type II Services	50% coinsurance, subject to the annual deductible & maximum
Major Dental Services for Type III Services	Not covered
Orthodontic Services for Type IV Services	Not covered
Provider Network	None
Pricing	UCR Fee Schedule at 90%, subject to balance billing

Preventive & Diagnostic –Type I Services

Plan pays 100% and includes:

- Oral examinations, 2 per calendar year
- Dental cleanings, 2 per calendar year
- X-rays
- Fluoride treatment, to age 16
- Space maintainers, to age 16
- Sealants, to age 14

Basic–Type II Services

Plan pays 50% after deductible and includes:

- Oral surgery & Extractions
- Fillings
- Gingivectomy and gingival curettage
- Root canal therapy
- Scaling and root planning
- Periodontal Maintenance, 2 per calendar year

Major–Type III Services

Not Covered:

- Inlays/Onlays/Crowns
- Removable/Fixed Prosthetics – Dentures, Bridgework
- Implants

Orthodontia–Type IV Services

Not Covered:

- Bands/appliances
- Cephalometric x-rays
- Treatment study models

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Note: The above is a general overview of dental benefits and does not constitute a written or implied contract for these benefits. See the Summary Plan Description (SPD) for terms, conditions, and full details.

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