Skidmore College
HMO NY7HMO020XLHPN Plan

Preventive Dental Services $25 Copay

- One (1) initial oral examination per child;
- Periodic oral examinations once every six (6) months;
- Bitewing x-rays, once every six (6) months;
- Full mouth x-rays and panoramic x-rays, once every thirty six (36) months;
- Routine cleaning, scaling and polishing of teeth, once every six (6) months;
- Fluoride treatments, once every six (6) months;
- Pulp vitality testing, as needed;
- Diagnostics casts as needed;
- Sealants, once per tooth per child up to age sixteen (16);
- Space maintainers and recementation thereof, as needed;
- Intra-oral and periapical x-rays, as needed.

This summary is intended to provide a general outline of MVP coverage. In the event of any conflict between this document and the member Certificate of Coverage, Schedule and any applicable rider(s), your Certificate of Coverage, Schedule and rider(s) will be controlling.