

NCD by MetLife Dental Plan Options

NCD Core by MetLife Plans

	Value	Essentials	Complete
Annual Max	\$750	\$2,000	\$10,000
Annual Deductible (per Member)	\$50	\$50	\$100 Lifetime
Preventive Services	100% - 2 Cleanings	100% - 3 Cleanings	100% - 3 Cleanings
Basic Services (years 1 - 2 - 3+)*	50% - 65% - 80%	65% - 80% - 90%	65% - 80% - 90%
Major Services (years 1 - 2 - 3+)*	0% - 10% - 25%	10% - 50% - 60%	10% - 50% - 60%
Waiting Period for Major Services*	12 Months	None	None
Individual Monthly Premium Starts At:	\$35	\$59	\$78

* In NY/CT: Value - Basic Services covered at 75% in year 1 and 90% in year 2. There is no Major Services coverage on the Value plan. Essentials/Complete - Basic Services covered at 80% in year 1. There is a 12-month waiting period for Major Services. NY/CT state-specific brochures are available at Agents.NCD.com.

NCD Elite by MetLife Plans

	Elite 1500	Elite 3000	Elite 5000
Annual Max	\$1,500	\$3,000	\$5,000
Annual Deductible (per Member)	\$50	\$50	\$50
Preventive Services	100% - 2 Cleanings	100% - 2 Cleanings	100% - 2 Cleanings
Basic Services	80%	80%	80%
Major Services (years 1 - 2+)*	10% - 50%	10% - 50%	10% - 50%
Waiting Period for Major Services**	None	None	None
Individual Monthly Premium Starts At:	\$55	\$69	\$79

** In NY/CT: 12-month waiting period for Major Services for all Elite plans.

NCD Bright by MetLife Plans

	Bright 1000	Bright 1500
Annual Max	\$1,000	\$1,500
Annual Deductible (per Member)	\$100	\$100
Preventive Services (years 1 - 2+)	90% - 100% - 2 Cleanings	90% - 100% - 2 Cleanings
Basic Services (years 1 - 2 - 3+)	50% - 60% - 70%	50% - 60% - 70%
Major Services (years 1 - 2+)	10% - 20%	10% - 20%
Waiting Period for Major Services	None	None
Individual Monthly Premium Starts At:	\$29	\$34

Products are not available in all states. Please call (800) 485-3855 to verify current state availability. Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. You may be financially responsible for copayments, deductibles, or any other amounts in excess of those MetLife is required to pay for covered services as described in your dental certificate and/or policy. Ask your MetLife representative for costs and complete details. Metropolitan Life Insurance Company is unaffiliated with the National Wellness & Fitness Association. Metropolitan Life Insurance Company only provides benefits covered under its insurance policies and is not responsible for other benefits and/or discounts associated with membership in the NWFA. L4582838[exp0627][All States and][All Territories]

Limitations & Exclusions

- » Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature.
- » Services for which a covered person would not be required to pay in the absence of dental insurance.
- » Services or supplies received by a covered person before the insurance starts for that person.
- » Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment.
- » Services which are primarily cosmetic. (For residents of Texas: Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child).
- » Services or appliances which restore or alter occlusion or vertical dimension.
- » Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease.
- » Restorations or appliances used for the purpose of periodontal splinting.
- » Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
- » Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
- » Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
- » Decoration or inscription of any tooth, device, appliance, crown or other dental work.
- » Missed appointments.
- » Services covered under any workers' compensation or occupational disease law.
- » Services covered under any employer liability law.
- » Services for which the association of the person receiving such services is not required to pay.
- » Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital.
- » Services covered under other coverage provided by the Policyholder.
- » Temporary or provisional restorations.
- » Temporary or provisional appliances.
- » Prescription drugs.
- » Services for which the submitted documentation indicates a poor prognosis.
- » Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.
- » The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, nonintravenous conscious sedation or analgesia such as nitrous oxide.
- » Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food.
- » Caries susceptibility tests.
- » Precision attachments associated with fixed and removable prostheses.
- » Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- » Duplicate prosthetic devices or appliances.
- » Replacement of a lost or stolen appliance, cast restoration or denture.
- » Intra and extraoral photographic images.
- » Fixed and removable appliances for correction of harmful habits.
- » Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- » Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.
- » Orthodontia services or appliances.
- » Repair or a replacement of an orthodontic appliance.
- » Implant Supported Prosthetics to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.