

# SPREADING THE SMILE

NCD BRIGHT 1500

BY  **MetLife**

## Annual Maximum Benefit **\$1,500** *per person*

| PREVENTIVE CARE                                                                              |                                                                                                                                                    | No Waiting Period                                                                                                                                                                |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Year 1 - 90% Coverage</b><br><b>Year 2 - 100% Coverage</b>                                | <ul style="list-style-type: none"><li>• Routine Exams - 2 times in 12 months<br/>(1 every 6 months)</li></ul>                                      | <ul style="list-style-type: none"><li>• Routine Cleanings - 2 times in 12 months<br/>(1 every 6 months)</li></ul>                                                                |
| BASIC CARE                                                                                   |                                                                                                                                                    | No Waiting Period                                                                                                                                                                |
| <b>Year 1 - 50% Coverage</b><br><b>Year 2 - 60% Coverage</b><br><b>Year 3 - 70% Coverage</b> | <ul style="list-style-type: none"><li>• Bitewing X-rays</li><li>• Fillings - Amalgam + Resin Composite</li><li>• Labs &amp; Other Tests</li></ul>  | <ul style="list-style-type: none"><li>• Sealants (Child under 14)</li><li>• Space Maintainers (Child under 14)</li><li>• Fluoride (Child under 14)</li><li>• And More!</li></ul> |
| MAJOR CARE                                                                                   |                                                                                                                                                    | No Waiting Period                                                                                                                                                                |
| <b>Year 1 - 10% Coverage</b><br><b>Year 2 - 20% Coverage</b>                                 | <ul style="list-style-type: none"><li>• Periodontal Maintenance</li><li>• Full-Mouth X-Rays</li><li>• Oral Surgery</li><li>• Root Canals</li></ul> | <ul style="list-style-type: none"><li>• Crowns</li><li>• Dentures + Bridges</li><li>• Anesthesia</li><li>• And More!</li></ul>                                                   |
| <b>Deductible</b>                                                                            | \$100 per year/per member                                                                                                                          |                                                                                                                                                                                  |
| <b>Network</b>                                                                               | MetLife PDP Plus PPO Network                                                                                                                       |                                                                                                                                                                                  |

*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. L0225046668[exp0227][All States][DC, GU, MP, PR, VI] © 2025 MetLife Services and Solutions, LLC*

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**Agent Name:**

**Phone #:**

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