SPREADING THE SMILE

NCD VALUE BY MetLife

NY/CT ONLY

Product Overview

	In-Network	Out-of-Network
Reimbursement	Negotiated Fee Schedule*	Schedule Amount
Type A - Preventive	100%	100%
Type B - Basic	50% - Year 1 75% - Year 2 90% - Year 3	50% - Year 1 75% - Year 2 90% - Year 3
Type C - Major	0% - Year 1 0% - Year 2 0% - Year 3	0% - Year 1 0% - Year 2 0% - Year 3
Calendar Year Deductible Applies To: Individual	$50 per year, per member	$50 per year, per member
Calendar Year Maximum	$750	$750

Product Details

Type A ***Benefits are payable immediately from the start date of an individual's benefits***	
Examinations	1 time in 6 months
Examinations - Problem Focused	Combined with Examinations Limit
Prophylaxis: Cleanings	1 time in 6 months
Fluoride	1 time in 12 months for a dependent child under age 14
Bitewing X-Rays	1 time in 12 months
Type B ***Benefits are payable immediately from the start date of an individual's benefits***	
Sealants	1 per molar in 60 months for a child under age 14
Space Maintainers	1 per lifetime for a child under age 14
Full Mouth X-Rays	Once in 60 months
Amalgam Fillings	1 replacement per surface in 24 months
Periodontal Maintenance	2 Treatments in 1 calendar year, includes 2 cleanings (total comb: 2)
Labs & Other Tests	
Emergency Palliative Treatment	
Periapical X-Rays	
Other X-Rays	
Resin Composite Fillings (Includes coverage composite fillings on molars)	
Pulp Capping	
Pulp Therapy	

Agent Name: **Phone #:**

Email:

Products are not available in all states. Please call (800) 485-3855 to verify current state availability.

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Type C ***Covered at 0%***	
Consultations	1 in 12 months
Root Canal	1 per tooth per lifetime
Periodontal Surgery	1 per quadrant in any 36 month period
Scaling & Root Planing	1 per quadrant in any 24 month period
Prefabricated Crowns	1 per tooth in 10 calendar years
Crown Buildups / Post Core	1 per tooth in 10 calendar years
Repairs	1 in 12 months
Recementations	1 in 12 months
Dentures	1 in 10 calendar years
Dentures - Rebases / Relines	1 in 36 months
Denture Adjustments	1 in 12 months
Fixed Bridges	1 in 10 calendar years
Inlays / Onlays / Crowns	1 replacement per tooth in 10 calendar years
Tissue Conditioning	1 in 36 months
Occlusal Adjustments	1 in 12 months
General Anesthesia	
Pulpotomy	
Apexification & Recalcification	
Periodontal Surgery - Soft & Connective Tissue Grafts	
Periodontics - Non-Surgical	
Oral Surgery: Simple Extractions	
Oral Surgery: Surgical Extractions	
Other Oral Surgery	

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Limitations and Exclusions

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- Services which are not dentally necessary, or those which do not meet generally accepted standards of care for treating the particular dental condition;
- Services for which You would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic.
- 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;
- 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 Employer of the person receiving such services is required to pay; or 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;
- Biopsies of hard or soft oral tissue;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- 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, non-intravenous conscious sedation or analgesia, such as nitrous oxide;
- Caries susceptibility tests;
- Initial installation or replacement of Cast Restorations;
- Prefabricated crown;
- Repair of Cast Restorations;
- Re-cementing of Cast Restorations or Dentures;
- Labial veneers;
- Core buildup and cast post and core;
- Therapeutic pulpotomy;
- Apexification/recalcification;
- Pulpal regeneration;
- Root canal treatment and other endodontic services except as mentioned elsewhere;
- Periodontal surgery, including gingivectomy, gingivoplasty and osseous surgery;
- Periodontal scaling and root planning;
- Initial installation or replacement of Dentures;
- Addition of teeth to a partial Denture;
- Adjustments and repairs of Dentures;
- Relinings and rebasings of Dentures;
- Tissue conditioning;
- Modification of removable prosthodontic and other removable prosthetic services;
- Implants including, but not limited to any related surgery, placement, maintenance, and removal;
- Repair of implants;
- Fixed partial Dentures;
- Other fixed Denture services;
- Simple extractions;
- Surgical extractions;
- Oral surgery, except as specified elsewhere as a Covered Expense;
- General anesthesia or intravenous sedation;
- Consultations;
- Occlusal adjustments;
- Fixed and removable appliances for correction of harmful habits;
- Appliances or treatment for bruxism (grinding teeth);
- Precision attachments associated with fixed and removable prostheses;
- Replacement of a lost or stolen appliance, Cast Restoration or Denture;
- Orthodontic services or appliances;
- Repair or replacement of an orthodontic device;
- Diagnosis and treatment of temporomandibular joint disorders and cone beam imaging associated with the treatment of temporomandibular joint disorders;
- Intra and extraoral photographic images.
- Implant supported Dentures.
- Implant supported Cast Restorations.

*Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

Group dental insurance plans featuring the Preferred Dentist Program are provided by Metropolitan Life Insurance Company, New York, NY. 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. Please contact (800) 485-3855 for costs and complete details. Coverage may not be available in all states.

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