

Product Overview

NY/CT ONLY

	In-Network	Out-of-Network
Reimbursement	Negotiated Fee Schedule*	Schedule Amount
Type A - Preventive	100%	100%
Type B - Basic	80% - Year 1 80% - Year 2 90% - Year 3	80% - Year 1 80% - Year 2 90% - Year 3
Type C - Major	0% - Year 1 50% - Year 2 60% - Year 3	0% - Year 1 50% - Year 2 60% - Year 3
Calendar Year Deductible Applies To: Individual	\$100 Lifetime Deductible	\$100 Lifetime Deductible
Calendar Year Maximum	\$10,000 (\$3,000 Calendar Year Implant Max within the Plan Max)	\$10,000 (\$3,000 Calendar Year Implant Max within the Plan Max)

Product Details

Type A

Benefits are payable immediately from the start date of an individual's benefits

Examinations	3 times in 1 calendar year
Examinations - Problem Focused	Combined with Examinations Limit
Prophylaxis: Cleanings	3 times in 1 calendar year
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	3 Treatments in 1 calendar year, includes 3 cleanings (total comb: 3)
Labs & Other Tests	
Emergency Palliative Treatment	
Periapical and Other X-Rays	
Simple Extractions	
Resin Composite Fillings (Includes coverage composite fillings on molars)	
Pulp Capping	
Pulp Therapy	

Agent Name:

Phone #:

Email:

Product Details

Type C

Benefits are payable immediately from the start date of an individual's benefits

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
Implant Services (\$3,000 Calendar Year Max within the \$10,000 Plan Max)	1 per tooth position in 10 calendar years
Implant Repairs	1 per tooth in 12 months
Implant Supported Prosthetic	1 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: Surgical Extractions	
Other Oral Surgery	

Agent Name:

Phone #:

Email:

Limitations and 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.

*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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Agent Name:

Phone #:

Email:

Products are not available in all states. Please call (800) 485-3855 to verify current state availability. Last updated 01/02/2024

VSP Preferred Plan by NCD



VSP® Individual Vision Plans

VSP Preferred Plan by NCD association plan gives you access to the services and products you need to care for your eyes. You'll enjoy comprehensive full service vision coverage and access to the personalized care you deserve, all at low out-of-pocket costs. As a member, you'll receive hundreds of dollars in average savings on your eye care and eyewear.

Best Choice For Vision Coverage

As a not-for-profit vision care company, VSP puts their members first and is dedicated to helping you maintain excellent eye health for a lifetime of good vision. And VSP guarantees your satisfaction. If you're not 100% satisfied with your eye care and eyewear, they'll make it right.

Best Access To Doctors

With more than 34,000 network doctors, you're likely to find a practice close by. Your VSP network doctor will help keep you and your eyes healthy with a comprehensive eye exam that aids in early detection of signs health conditions.

Best Eyewear Choices

VSP network doctors feature a wide selection of designer frames to fit your style and budget. Plus, VSP Members also get an extra \$20 to spend when you choose a featured frame brand.

†Extra \$20 to spend is in addition to your allowance. Check your frame coverage section in My Benefits at vsp.com to see if this offer applies. Brands and promotions subject to change.

Products are not available in all states. Please call (800) 979-8266 to verify current state availability.

Underwritten by VSP Vision Care.



VSP Preferred Plan by NCD



Copay	\$20 Exam / \$25 Materials per Covered Person per Office Visit	
Benefit	Frequency	
Exam: Lenses: Frame:	Every 12 months Every 12 months Every 24 months	
Benefit	Participating Provider	Non-Participating Provider
WellVision Exam® Contact Lens Exam Frame Allowance	Covered after \$20 Exam Copay 15% Savings on a contact lens exam \$200 allowance for a wide selection of frames or \$220 allowance on a featured frame brand	Up to \$45 after \$10 Exam Copay
Lenses	Participating Provider	Non-Participating Provider
Single Vision Lined BiFocal Lined TriFocal Progressives Impact-Resistant (polycarbonate) lenses for children Contacts (instead of glasses)	Covered after \$25 materials Copay Covered after \$25 materials Copay Covered after \$25 materials Copay Covered after additional \$50 Copay Fully covered after Copay (Up to age 18) \$150 allowance every 12 months for contacts and contact lens exam (fitting and evaluation)	Up to \$30.00 Up to \$50.00 Up to \$65.00 Up to \$150.00 \$105 allowance every 12 months for contacts and contact lens exam (fitting and evaluation)
Discounts & Savings		
<ul style="list-style-type: none"> • Average 25-30% savings on other lens enhancements • 20% off additional glasses and sunglasses, including lens enhancements, from any VSP network doctor within 12 months of the patient's last WellVision Exam. • Extra \$20 to \$40 on featured frame brands. Brands and promotions subject to change. • Laser Vision Correction- Average 15% savings on the regular price or 5% savings on the promotional price from the contracted facilities. 		

*Contact Lenses are provided in lieu of spectacle lens and frame benefits. When contact lenses are utilized in lieu of spectacle lens and frame benefits, the member becomes eligible for contact lenses or spectacle lenses after 12 months and eligible for a frame after 12 months

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Underwritten by VSP Vision Care.



Frequently Asked Questions

Does my vision plan have any waiting periods?

There are NO WAITING PERIODS! All benefits begin on your effective date.

Who is eligible to purchase the plan?

The insurance coverage is available in states where it's approved to anyone age 18 and older. You can request coverage for your dependents; dependent eligibility varies based on State law.

Can I purchase a vision plan if my employer or health plan does not provide one?

Yes, anyone can take advantage of the VSP Extend Plan.

Do I have coverage if I travel outside of the state I live in?

Yes.

What if I want to cancel the policy?

Send cancellation notice by mail to:
NCD Agency, LLC, 4201 Spring Valley Rd, Suite 1500, Dallas, TX 75244
To cancel by phone: 1(800) 979-8266

All Cancellation requests will be effective on the next billing period.

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Frequently Asked Questions

How do I submit claims?

In-network

- Using your VSP benefit is easy. Create an account at vsp.com. Once your annual plan is effective, review your benefit information.
- Find a VSP network doctor who's right for you. To find a doctor, visit vsp.com. Choose a Premier Program location to get the most out of your eye care benefits.
- At your appointment, tell them you have VSP. **There's no ID card necessary.**
- That's it! We'll handle the rest—there are no claim forms to complete.

Out-of-network

Note: If you choose to see an out-of-network provider, you'll receive less coverage. Payment is expected at the time of your visit. Following your appointment, you'll need to complete a claim form and include any itemized receipts. You can complete and submit the form on vsp.com or call 800.877.7195 to request a hard copy form. Address to Vision Service Plan, Attention: Claim Services, P.O. Box 385018, Birmingham, AL 5018-35238. Out-of-network coverage is not available in the states of Massachusetts and Washington, and coverage varies in the state of Maryland.

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Elective Contact Lens

Allowance includes fitting, exam, and lenses. The cost of the fitting and evaluation is deducted from the contact lens allowance. Allowance can be applied to disposables. Applies when contacts are chosen in lieu of glasses. Members can order contacts online at www.Eyeconic.com and apply their benefits at checkout.

Additional Glasses

20% off the retail price on additional pairs of prescription glasses (at Discount Program Provider Locations).

Frame Discount

20% off the remaining balance in excess of the frame allowance of \$200 biannually.

Laser Vision Care

An average discount of 20% on LASIK and PRK. Discounts available through VSP Vision Care for conventional and custom LASIK Procedures with the TLCVision Advantage program. For more information Please visit www.LasikPlus.com or call (866) 755-2026.

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Underwritten by VSP Vision Care.



Get Huge Savings on Services You're Already Using

The VSP Preferred Plan by NCD is an association plan. This means that you are a member of the National Wellness and Fitness Association (NWFA). The NWFA have provided top-tier discounts and up-to-date advice that will help you and your family stay physically strong, emotionally stimulated and financially at peace.

Below is a list of the NWFA's current discounts across multiple categories.

For more information you can go to <https://www.nationalwellnessandfitness.com>

Category	Company	Savings Description
Health	MDHearing Aid	\$75 off purchases of \$399 or over
	CleverRX	Up to 80% off Rx drugs
	VSP Individual Savings Pass Discount	Discounts on vision services
	Nurse Line	24-hr nurses line
	Prioritize Wellness	Free Health Management education
Personal	1-800-Flowers	15% discount
	Lifelock	20% off first year of identity theft protection
	Safelite	Save \$20 on windshield repair/replacement
	Abenity - Local and National Discounts	Member-only discounts on entertainment food, and more
	LuckyDiem - Local and National Discounts	Up to 30% cash back on entertainment, food, and more
	North American Van Lines	Moving discounts
	Spot Pet Insurance Discounts	20% off pet insurance
	Aloe Care Health Discount	Voice activated home-alert system
	Zdental Discounts	Discounts on dental products
	Road America Roadside Assistance	24/7 roadside assistance
Travel	Hotel Engine	Average of 26% off hotels
	Wyndham Hotels	25% discount at participating Wyndham Hotels
	Red Roof Inn	15% discount at participating Red Roof Inn locations
	Motel 6	10% discount at participating Motel 6 locations
	Avis & Budget Discounts	Up to 25% off car rental
	Cruise Discounts	Discounts and assistance in booking cruises
	Collette Travel Discounts	Savings on international tour packages
	Funjet Travel Discounts	5% discount and price matching
	Choice Hotels	Up to 15% off Choice hotels
Small Business	UPS Discounts	Member-only flat-rate pricing for shipments
	Office Supply Discounts	Up to 75% savings on office supplies, cleaning, etc
Retail Value	\$65	