

MetLife Dental Plan Options

MTA Members

	Standard Plan <i>In network</i>	Standard Plan <i>Out of network</i>	Premium Plan <i>In network</i>	Premium Plan <i>Out of network</i>
Type A: Preventative (cleanings, exams, X-rays)	90%	80%	100%	90%
Type B: Basic Restorative (fillings, extractions)	70%	60%	80%	70%
Type C: Major Restorative (bridges, dentures)	50%	40%	60%	50%
Deductible				
Individual	\$75	\$75	\$50	\$50
Family	\$225	\$225	\$150	\$150
(Applies to Type B & Type C services only)				
Annual Maximum Benefit				
Per Person	\$1,000	\$1,000	\$1,500	\$1,500
SELECT YOUR PLAN AND PAYMENT CHOICE	STANDARD DENTAL PLAN		PREMIUM DENTAL PLAN	
	MONTHLY RATE	ANNUAL RATE	MONTHLY RATE	ANNUAL RATE
Member Only	\$73.33	\$879.96	\$81.79	\$981.48
Member + Spouse	\$146.19	\$1,754.28	\$162.96	\$1,955.52
Member + Child(ren)	\$149.52	\$1,794.24	\$172.80	\$2,073.60
Member + Family	\$243.87	\$2,926.44	\$271.07	\$3,252.84