

MetLife Dental Plan Options

Active MTA Members

	Core Plan	Core Plus Plan	Premium Plan <i>In network</i>	Premium Plan <i>Out of network</i>
Type A (cleanings, Xrays)	100%	100%	100%	100%
Type B (fillings, extractions)	50%	50%	90%	70%
Type C (crowns, bridges)	0%	50%	60%	50%
Ortho (braces)	not covered	not covered	50%	50%
Deductible				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
<i>(Deductible applies to Type B & Type C services only)</i>				
Graduating Annual Maximums				
Year 1	\$750	\$1,000	\$1,500	\$1,500
Year 2	\$1,000	\$1,250	\$1,750	\$1,750
Year 3	\$1,250	\$1,500	\$2,000	\$2,000
Ortho maximum	not covered	not covered	\$1,500	\$1,500
Monthly Geographic Rates				
Area 1 - ZIP codes starting with 010, 012 and 013				
Individual	\$30.46	\$47.06	\$60.35	
Individual & Spouse	\$61.72	\$95.88	\$122.80	
Individual & Child	\$75.17	\$99.99	\$139.70	
Family	\$114.75	\$158.60	\$216.86	
Area 2 - All other MA ZIP codes				
Individual	\$32.71	\$50.55	\$64.49	
Individual & Spouse	\$66.29	\$103.02	\$131.19	
Individual & Child	\$80.76	\$107.44	\$148.33	
Family	\$123.24	\$170.42	\$230.55	