

MetLife Dental Plan Options

Retired MTA Members

	High Plan <i>In network</i>	High Plan <i>Out of network</i>	Low Plan <i>In network</i>	Low Plan <i>Out of network</i>
Type A (<i>cleanings, Xrays</i>)	100%	100%	100%	80%
Type B (<i>fillings, extractions</i>)	80%	80%	80%	60%
Type C (<i>crowns, bridges</i>)	50%	50%	50%	40%
Deductible				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
<i>(Deductible applies to Type B & Type C services only)</i>				
Calendar Year - Maximum Benefit	\$1,500	\$1,500	\$1,500	\$1,500
Rates				
Individual	\$82.69		\$60.78	
Individual & Spouse	\$176.19		\$130.23	
Individual & Child	\$213.29		\$156.84	
Family	\$307.18		\$226.25	

Effective Oct. 2016