

# 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>
<b>Type A: Preventative</b> ( <i>cleanings, exams, X-rays</i> )	90%	80%	100%	90%
<b>Type B: Basic Restorative</b> ( <i>fillings, extractions</i> )	70%	60%	80%	70%
<b>Type C: Major Restorative</b> ( <i>bridges, dentures</i> )	50%	40%	60%	50%
<b>Deductible</b>				
<b>Individual</b>	\$75	\$75	\$50	\$50
<b>Family</b>	\$225	\$225	\$150	\$150
<i>(Applies to Type B &amp; Type C services only)</i>				
<b>Annual Maximum Benefit</b>				
<b>Per Person</b>	\$1,000	\$1,000	\$1,500	\$1,500
<b>SELECT YOUR PLAN AND PAYMENT CHOICE</b>	<b>STANDARD DENTAL PLAN</b>		<b>PREMIUM DENTAL PLAN</b>	
	<b>MONTHLY RATE</b>	<b>ANNUAL RATE</b>	<b>MONTHLY RATE</b>	<b>ANNUAL RATE</b>
<b>Member Only</b>	\$43.65	\$523.80	\$48.69	\$584.28
<b>Member + Spouse</b>	\$87.02	\$1,044.24	\$97.00	\$1,164.00
<b>Member + Child(ren)</b>	\$92.71	\$1,112.52	\$102.86	\$1,234.32
<b>Member + Family</b>	\$145.16	\$1,741.92	\$161.35	\$1,936.20