

# 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>
<b>Type A</b> ( <i>cleanings, Xrays</i> )	100%	100%	100%	80%
<b>Type B</b> ( <i>fillings, extractions</i> )	80%	80%	80%	60%
<b>Type C</b> ( <i>crowns, bridges</i> )	50%	50%	50%	40%
<b>Deductible</b>				
<b>Individual</b>	\$75	\$75	\$75	\$75
<b>Family</b>	\$75	\$75	\$75	\$75
<i>(Deductible applies to Type B &amp; Type C services only)</i>				
<b>Calendar Year - Maximum Benefit</b>	\$1,250	\$1,250	\$1,250	\$1,250
<b>Rates</b>				
<b>Individual</b>	\$82.69		\$60.78	
<b>Individual &amp; Spouse</b>	\$176.19		\$130.23	
<b>Individual &amp; Child</b>	\$213.29		\$156.84	
<b>Family</b>	\$307.18		\$226.25	

Effective Oct. 2020