

# MetLife Dental Rates

## Alvin ISD Dental Rates

### 2018 - 2019

Customer Service # 1-800-244-6224    Plan ID: 3330835

#### **CORE PLAN 100%-70%-40%**

*Contract Year Maximum \$1,000.00*

Tier	Monthly Premium	Semi Monthly Premium
Employee Only	\$0.00	\$0.00
Dependent Children	\$22.36	\$11.18
Dependent Spouse	\$16.00	\$8.00
Family	\$38.68	\$19.34

Core ProRate

#### **ENRICHED PLAN 100%-80%-50%**

*Contract Year Maximum \$1,500.00*

Tier	Monthly Premium	Semi Monthly Premium
Employee Only	\$10.38	\$5.19
Dependent Children	\$75.94	\$37.97
Dependent Spouse	\$65.74	\$32.87
Family	\$107.94	\$53.97

Deductions are based on AISD contributing 100% of the Employee Only premium of **\$18.51**

