

# Dental Rates MetLife

Alvin ISD

**2019 - 2020**

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

Plans	Tier	Monthly Premium	Semi Monthly Premium
<b>CORE PLAN</b>			
	Employee Only	\$1.02	\$0.51
100%-70%-40%	Employee & Child(ren)	\$25.82	\$12.91
<i>Contract Year Maximum \$1,000.00</i>	Employee & Spouse	\$18.94	\$9.47
	Employee & Family	\$43.54	\$21.77
<b>ENRICHED PLAN</b>			
	Employee Only	\$12.82	\$6.41
100%-80%-50%	Employee & Child(ren)	\$83.97	\$41.99
<i>Contract Year Maximum \$1,500.00</i>	Employee & Spouse	\$72.90	\$36.45
	Employee & Family	\$118.68	\$59.34

Deductions are based on AISD contributing \$18.51 montly

