

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>
Type A: Preventative (<i>cleanings, exams, X-rays</i>)	90%	80%	100%	90%
Type B: Basic Restorative (<i>fillings, extractions</i>)	70%	60%	80%	70%
Type C: Major Restorative (<i>bridges, dentures</i>)	50%	40%	60%	50%
Deductible				
Individual	\$75	\$75	\$50	\$50
Family	\$225	\$225	\$150	\$150
<i>(Applies to Type B & Type C services only)</i>				
Annual Maximum Benefit				
Per Person	\$1,000	\$1,000	\$1,500	\$1,500
SELECT YOUR PLAN AND PAYMENT CHOICE	STANDARD DENTAL PLAN		PREMIUM DENTAL PLAN	
	MONTHLY RATE	ANNUAL RATE	MONTHLY RATE	ANNUAL RATE
Member Only	\$52.38	\$628.56	\$58.42	\$701.04
Member + Spouse	\$104.42	\$1,253.04	\$116.40	\$1,396.80
Member + Child(ren)	\$106.80	\$1,281.60	\$123.43	\$1,481.04
Member + Family	\$174.19	\$2,090.28	\$193.62	\$2,323.44