MetLife

Alvin ISD Dental Plans & Rates

2026-2027

Revised 06/15/2026

Plans	Tier	Monthly Premium
CORE PLAN	Employee Only	$3.94
100%-70%-40%	Employee & Spouse	$24.55
Contract Year Maximum $1,000.00	Employee & Child(ren)	$32.46
	Employee & Family	$52.83
ENRICHED PLAN	Employee Only	$17.47
100%-80%-50%	Employee & Spouse	$86.49
Contract Year Maximum $1,500.00	Employee & Child(ren)	$99.21
	Employee & Family	$139.07

Deductions are based on AISD contributing $18.51 monthly

Semi Monthly Premium
$1.97
$12.28
$16.23
$26.42
$8.74
$43.25
$49.61
$69.54