MetLife

Alvin ISD Dental Plans & Rates

Group Number 0161463 Customer Service # 1-800-828-6287

2026-2027 Premiums

Revised 06/03/2025

18 Times Premium for **Dental**

Plans	Tier	Monthly Premium	Semi Monthly Premium	18 Pay for Sept 1 OE	18 Pay for Oct 1	18 Pays for Nov 1	18 Pays for Dec 1	18 Pays for Jan 1	18 Pays for Feb 1	18 Pays for Mar 1	18 Pays for Apr 1	18 Pays for May 1
				24-18	22-16	20-14	18-12	16-10	14-8	12-6	10-4	8-2
CORE PLAN	Employee (	$ 3.94	$ 1.97	$2.63	$2.71	$2.81	$2.96	$3.15	$3.45	$3.94	$4.93	$7.88
100%-70%-40%	Employee &	$ 24.55	$ 12.28	$16.37	$16.88	$17.54	$18.41	$19.64	$21.48	$24.55	$30.69	$49.10
Contract Year Maximum $1,000.00	Employee &	$ 32.46	$ 16.23	$21.64	$22.32	$23.19	$24.35	$25.97	$28.40	$32.46	$40.58	$64.92
	Employee &	$ 52.83	$ 26.42	$35.22	$36.32	$37.74	$39.62	$42.26	$46.23	$52.83	$66.04	$105.66
ENRICHED PLAN	Employee (	$ 17.47	$ 8.74	$11.65	$12.01	$12.48	$13.10	$13.98	$15.29	$17.47	$21.84	$34.94
100%-80%-50%	Employee &	$ 86.49	$ 43.25	$57.66	$59.46	$61.78	$64.87	$69.19	$75.68	$86.49	$108.11	$172.98
Contract Year Maximum $1,500.00	Employee &	$ 99.21	$ 49.61	$66.14	$68.21	$70.86	$74.41	$79.37	$86.81	$99.21	$124.01	$198.42
	Employee &	$ 139.07	$ 69.54	$92.71	$95.61	$99.34	$104.30	$111.26	$121.69	$139.07	$173.84	$278.14

*Deductions are based on AISD contributing **$18.51** monthly