



YSLETA INDEPENDENT SCHOOL DISTRICT

METLIFE DENTAL PPO, METLIFE DENTAL HMO, AETNA VISION

METLIFE DENTAL PPO	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
12 MONTHLY	\$ 21.96	\$ 46.78	\$ 46.78	\$ 74.04
26 BI-WEEKLY	\$ 10.14	\$ 21.59	\$ 21.59	\$ 34.17
19 BI-WEEKLY	\$ 13.87	\$ 29.55	\$ 29.55	\$ 46.76

METLIFE DENTAL HMO	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
12 MONTHLY	\$ 7.04	\$ 11.73	\$ 13.61	\$ 16.42
26 BI-WEEKLY	\$ 3.25	\$ 5.41	\$ 6.28	\$ 7.58
19 BI-WEEKLY	\$ 4.45	\$ 7.41	\$ 8.60	\$ 10.37

AETNA VISION	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
12 MONTHLY	\$ 5.18	\$ 9.00	\$ 9.60	\$ 14.37
26 BI-WEEKLY	\$ 2.39	\$ 4.15	\$ 4.43	\$ 6.63
19 BI-WEEKLY	\$ 3.27	\$ 5.68	\$ 6.06	\$ 9.08