



January 1, 2024

YSLETA INDEPENDENT SCHOOL DISTRICT

METLIFE DENTAL PPO, METLIFE DENTAL HMO, METLIFE VISION

METLIFE DENTAL PPO	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
12 MONTHLY	\$ 31.43	\$ 66.95	\$ 66.95	\$ 105.95
26 BI-WEEKLY	\$ 14.51	\$ 30.90	\$ 30.90	\$ 48.90
19 BI-WEEKLY	\$ 19.85	\$ 42.28	\$ 42.28	\$ 66.92

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

METLIFE VISION LOW PLAN	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
12 MONTHLY	\$ 5.28	\$ 9.18	\$ 9.79	\$ 14.66
26 BI-WEEKLY	\$ 2.44	\$ 4.24	\$ 4.52	\$ 6.77
19 BI-WEEKLY	\$ 3.33	\$ 5.80	\$ 6.18	\$ 9.26

METLIFE VISION HIGH PLAN	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
12 MONTHLY	\$ 9.25	\$ 16.08	\$ 17.15	\$ 25.67
26 BI-WEEKLY	\$ 4.27	\$ 7.42	\$ 7.92	\$ 11.85
19 BI-WEEKLY	\$ 5.84	\$ 10.16	\$ 10.83	\$ 16.21