

## MANOR INDEPENDENT SCHOOL DISTRICT

**Business and Finance Department - Payroll & Benefits** 



## 2025-2026 MONTHLY & SEMI-MONTHLY DENTAL INSURANCE RATES

Effective September 1, 2025 - August 31, 2026

Dental Low Plan		
Coverage Tier	Monthly Employee Contribution	Semi-Monthly Employee Contribution
Employee Only	\$21.05	\$10.53
Employee + 1	\$37.56	\$18.78
Employee + 2	\$59.46	\$29.73

Dental High Plan		
Coverage Tier	Monthly Employee Contribution	Semi-Monthly Employee Contribution
Employee Only	\$32.39	\$16.20
Employee + 1	\$57.62	\$28.81
Employee + 2	\$91.48	\$45.74

MetLife
DENTAL PLAN # 268485
1-800-438-6388
www.metlife.com/dental