

## California Association of REALTORS® Monthly Dental & Vision Rates Group Insurance Program



### Rating Regions For MetLife Group Dental Coverage

Rating Region 1 Counties Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Fresno, Glenn, Humboldt, Imperial, Lake, Madera, Marin, Mariposa, Mendocino, Merced, San Luis Obispo, San Mateo, Sierra, Solano, Sonoma, Stanislaus, Tulare and Yolo Rating Region 2 Counties Alameda, Contra Costa, Del Norte, Inyo, Kern, Kings, Lassen, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sutter, Tehama, Trinity, Tuolumne and Yuba **Rating Region 3 Counties** 

Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura

# MetLife Group Dental Rates Effective January 1, 2024 through December 31, 2024

MetLife Group PPO Dental (for All Regions) Note: Rates Subject to Change on 1/1/2									
	Value Plan			Select Plan			Choice Plan		
Monthly Rates	Region 1	Region 2	Region 3	Region 1	Region 2	Region 3	Region 1	Region 2	Region 3
Member Only	\$42	\$37	\$40	\$74	\$68	\$72	\$90	\$90	\$96
Member + Spouse	\$89	\$80	\$84	\$151	\$133	\$144	\$180	\$180	\$191
Member + Child(ren)	\$108	\$98	\$104	\$190	\$171	\$178	\$228	\$228	\$241
Family	\$129	\$115	\$123	\$223	\$197	\$212	\$306	\$306	\$323

If a member cancels their C.A.R. Group dental coverage and later wants to enroll, they will <u>not</u> be eligible until the next open enrollment date following 13 months after their termination date. An exception could apply for those members who are coming off another group dental coverage plan.

#### MetLife Life and AD&D Insurance Rates effective January 1, 2024 through December 31, 2024 MetLife Life & AD&D Insurance (for All Regions), Note: Pates Subject to Change on 1/1/25

/le	tLife Life & AD&D Ins	surance	(for Al	l Region	S) Note:	Rates Sub	ject to Ch	ange on	1/1/25
	Member's Age	Under 30	30-39	40-49	50-54	55-59	60-64	65+	
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\$25,000 of Coverage	3.53	5.28	8.75	15.68	26.78	36.83	67.35
\$50,000 of Coverage	7.06	10.56	17.50	31.36	53.56	73.66	134.70

Above rates are for life insurance for eligible REALTOR® members; full time employees of REALTORS® or full time employees of C.A.R. boards. Rates are based on subscribers attained age. Life coverage is guaranteed only for new REALTOR® members or employees who enroll during their Initial Eligibility Period and who have not been hospitalized within 90 days of making application. Anyone hospitalized within that time frame will be required to submit evidence of medical insurability and coverage will not be guaranteed. The Initial Eligibility period is the 31 days following one month of membership or full time employment. Existing C.A.R. members may apply but coverage will be subject to underwriting approval. See Plan Summaries for additional information on coverage, including exclusions and limitations.

### VSP Vision Plan Rates effective January 1, 2024 through December 31, 2024 VSP Vision Plan (for All Regions) Note: Rates Subject to change on 1/1/25

(for All Regions) Note: Rates Subject to change on 1/1/25								
	Basic	Enhanced						
_	Vision	Vision	_					
Member Only	\$9	\$14						
Member + Spouse	\$18	\$24						
Member + Children	\$16	\$24						
Member + Family	\$25	\$35						

If a member cancels their C.A.R. Group vision coverage and later wants to enroll, they will <u>not</u> be eligible until the next open enrollment date following 13 months after their termination date. An exception could apply for those members who are coming off another group vision coverage plan.

Note: Dental, Vision, and/or Life Insurance Plans may be purchased with or without Medical Coverage. If you enroll on a Dental Plan without Medical Coverage a \$5 administration fee will be added. If you enroll in a Vision or Life Insurance Plan without a Medical or Dental Plan a \$2 administration fee will be added.

Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details. Insurance coverage is issued by Metropolitan Life Insurance Company, New York, NY 10166.

Group dental insurance policies featuring the MetLife Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166. Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claim and network administration services are provided through Vision Service Plan (VSP). VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates.