



ANDERSON-SHEA
INSURANCE
A G E N C Y

Thank you for your inquiry into the MetLife Dental and Vision plan. This is dental and/or vision only, there are no health policies available through these.

If you want to enroll, please mail the application with **two months premium** to 910 W. Main #352, P.O Box 549, Boise, ID 83702

Please feel free to call or email at any time if you have questions about this information.

	<i>MetLife Dental</i>	<i>MetLife Dental</i>		<i>MetLife Vision</i>	<i>MetLife Vision</i>
	<i>Monthly</i>	<i>Yearly</i>		<i>Monthly</i>	<i>Yearly</i>
<i>Employee</i>	<i>\$68.00</i>	<i>\$816.00</i>		<i>\$8.60</i>	<i>\$103.20</i>
<i>Employee & 1 Dependent</i>	<i>\$129.00</i>	<i>\$1,548.00</i>		<i>\$16.75</i>	<i>\$201.00</i>
<i>Employee & 2 or more Dependents</i>	<i>\$206.00</i>	<i>\$2,472.00</i>		<i>\$24.00</i>	<i>\$288.00</i>