



State Biweekly Active Group Dental Rates

Effective 12/19/2020 to 12/17/2021

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
DENTAL EXPENSE PLAN (#399)			
Single	\$9.79	\$9.78	\$19.57
Member & Spouse/Partner	\$17.01	\$17.00	\$34.01
Family	\$27.82	\$27.82	\$55.64
Parent & Child	\$20.61	\$20.60	\$41.21
CIGNA (DPO #305)			
Single	\$5.30	\$5.29	\$10.59
Member & Spouse/Partner	\$9.21	\$9.21	\$18.42
Family	\$15.06	\$15.06	\$30.12
Parent & Child	\$11.17	\$11.16	\$22.33
HEALTHPLEX (DPO #307)			
Single	\$2.02	\$2.02	\$4.04
Member & Spouse/Partner	\$3.51	\$3.51	\$7.02
Family	\$5.75	\$5.73	\$11.48
Parent & Child	\$4.26	\$4.25	\$8.51
HORIZON DENTAL CHOICE (DPO #317)			
Single	\$4.26	\$4.24	\$8.50
Member & Spouse/Partner	\$7.39	\$7.39	\$14.78
Family	\$12.09	\$12.08	\$24.17
Parent & Child	\$8.96	\$8.95	\$17.91
AETNA DMO (DPO #319)			
Single	\$4.85	\$4.83	\$9.68
Member & Spouse/Partner	\$8.42	\$8.42	\$16.84
Family	\$13.78	\$13.77	\$27.55
Parent & Child	\$10.21	\$10.20	\$20.41
METLIFE (DPO #320)			
Single	\$3.17	\$3.17	\$6.34
Member & Spouse/Partner	\$5.38	\$5.38	\$10.76
Family	\$8.68	\$8.68	\$17.36
Parent & Child	\$6.48	\$6.47	\$12.95