



**Retired Group —
State, Local Government, and Education
Dental Rates**
Effective 1/1/2023 to 12/31/2023

PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY BILLING RATE
DENTAL EXPENSE PLAN (#398)	
Single	\$41.01
Member & Spouse/Partner	\$80.91
Family	\$105.45
Parent & Child	\$60.98
CIGNA (DPO #305)	
Single	\$22.71
Member & Spouse/Partner	\$43.34
Family	\$77.79
Parent & Child	\$69.01
HORIZON DENTAL CHOICE (DPO #317)	
Single	\$18.11
Member & Spouse/Partner	\$31.48
Family	\$51.51
Parent & Child	\$38.14
AETNA DMO (DPO #319)	
Single	\$21.90
Member & Spouse/Partner	\$38.12
Family	\$62.36
Parent & Child	\$46.21
METLIFE (DPO #320)	
Single	\$13.79
Member & Spouse/Partner	\$23.38
Family	\$37.73
Parent & Child	\$28.15