



**State Monthly Active Group  
Dental Rates**  
Effective 1/1/2023 to 12/31/2023

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
<b>DENTAL EXPENSE PLAN (#399)</b>			
Single	\$20.80	\$20.79	\$41.59
Member & Spouse/Partner	\$36.14	\$36.14	\$72.28
Family	\$59.12	\$59.11	\$118.23
Parent & Child	\$43.79	\$43.79	\$87.58
<b>CIGNA (DPO #305)</b>			
Single	\$10.36	\$10.36	\$20.72
Member & Spouse/Partner	\$18.02	\$18.01	\$36.03
Family	\$29.46	\$29.45	\$58.91
Parent & Child	\$21.84	\$21.83	\$43.67
<b>HORIZON DENTAL CHOICE (DPO #317)</b>			
Single	\$8.79	\$8.79	\$17.58
Member & Spouse/Partner	\$15.29	\$15.28	\$30.57
Family	\$25.00	\$24.99	\$49.99
Parent & Child	\$18.52	\$18.52	\$37.04
<b>AETNA DMO (DPO #319)</b>			
Single	\$10.52	\$10.51	\$21.03
Member & Spouse/Partner	\$18.30	\$18.30	\$36.60
Family	\$29.94	\$29.93	\$59.87
Parent & Child	\$22.18	\$22.18	\$44.36
<b>METLIFE (DPO #320)</b>			
Single	\$6.90	\$6.89	\$13.79
Member & Spouse/Partner	\$11.69	\$11.69	\$23.38
Family	\$18.87	\$18.86	\$37.73
Parent & Child	\$14.08	\$14.07	\$28.15