

**DEPARTMENT OF THE TREASURY • DIVISION OF PENSIONS AND BENEFITS
 NEW JERSEY STATE HEALTH BENEFITS PROGRAM AND
 NEW JERSEY SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM**

**STATE, LOCAL GOVERNMENT, AND EDUCATION RETIREES
 RETIREE DENTAL RATES EFFECTIVE 1/1/2017 TO 12/31/2017**

DESCRIPTION OF COVERAGE	TOTAL MONTHLY BILLING RATE
DENTAL EXPENSE PLAN (#398)	
Single	\$38.89
Member & Spouse/Partner	\$76.73
Family	\$99.98
Parent & Child	\$57.82
CIGNA (DPO #305)	
Single	\$24.38
Member & Spouse/Partner	\$46.52
Family	\$83.51
Parent & Child	\$74.09
HEALTHPLEX (DPO #307)	
Single	\$8.78
Member & Spouse/Partner	\$15.27
Family	\$24.95
Parent & Child	\$18.49
HORIZON DENTAL CHOICE (DPO #317)	
Single	\$19.14
Member & Spouse/Partner	\$33.28
Family	\$54.43
Parent & Child	\$40.31
AETNA DMO (DPO #319)	
Single	\$21.71
Member & Spouse/Partner	\$37.78
Family	\$61.80
Parent & Child	\$45.80
METLIFE (DPO #320)	
Single	\$14.97
Member & Spouse/Partner	\$25.37
Family	\$40.95
Parent & Child	\$30.55