



**Local Monthly Active Group  
Local Government and Education Employers  
Dental Rates**  
Effective 1/1/2018 to 12/31/2018

PLAN/COVERAGE DESCRIPTION	MAXIMUM EMPLOYEES' CONTRIBUTION (50%)	TOTAL
<b>DENTAL EXPENSE PLAN (#399)</b>		
Single	\$19.76	\$39.52
Member & Spouse/Partner	\$34.34	\$68.69
Family	\$56.17	\$112.35
Parent & Child	\$41.61	\$83.23
<b>CIGNA (DPO #305)</b>		
Single	\$11.51	\$23.02
Member & Spouse/Partner	\$20.01	\$40.03
Family	\$32.72	\$65.45
Parent & Child	\$24.26	\$48.52
<b>HEALTHPLEX (DPO #307)</b>		
Single	\$4.39	\$8.78
Member & Spouse/Partner	\$7.63	\$15.27
Family	\$12.47	\$24.95
Parent & Child	\$9.24	\$18.49
<b>HORIZON DENTAL CHOICE (DPO #317)</b>		
Single	\$9.34	\$18.68
Member & Spouse/Partner	\$16.23	\$32.47
Family	\$26.55	\$53.10
Parent & Child	\$19.66	\$39.33
<b>AETNA DMO (DPO #319)</b>		
Single	\$10.75	\$21.51
Member & Spouse/Partner	\$18.72	\$37.44
Family	\$30.62	\$61.24
Parent & Child	\$22.69	\$45.38
<b>METLIFE (DPO #320)</b>		
Single	\$7.48	\$14.97
Member & Spouse/Partner	\$12.68	\$25.37
Family	\$20.47	\$40.95
Parent & Child	\$15.27	\$30.55