



**State Biweekly Active Group
Dental Rates**
Effective 1/1/2018 to 12/31/2018

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
DENTAL EXPENSE PLAN (#399)			
Single	\$9.10	\$9.09	\$18.19
Member & Spouse/Partner	\$15.81	\$15.80	\$31.61
Family	\$25.86	\$25.85	\$51.71
Parent & Child	\$19.16	\$19.15	\$38.31
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	\$4.30	\$4.29	\$8.59
Member & Spouse/Partner	\$7.47	\$7.47	\$14.94
Family	\$12.22	\$12.22	\$24.44
Parent & Child	\$9.06	\$9.04	\$18.10
AETNA DMO (DPO #319)			
Single	\$4.96	\$4.94	\$9.90
Member & Spouse/Partner	\$8.62	\$8.61	\$17.23
Family	\$14.09	\$14.09	\$28.18
Parent & Child	\$10.44	\$10.44	\$20.88
METLIFE (DPO #320)			
Single	\$3.45	\$3.44	\$6.89
Member & Spouse/Partner	\$5.84	\$5.83	\$11.67
Family	\$9.42	\$9.42	\$18.84
Parent & Child	\$7.04	\$7.02	\$14.06