



**State Biweekly Active Group
Dental Rates**
Effective 12/22/2018 to 12/20/2019

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
DENTAL EXPENSE PLAN (#399)			
Single	\$9.29	\$9.27	\$18.56
Member & Spouse/Partner	\$16.14	\$16.12	\$32.26
Family	\$26.39	\$26.38	\$52.77
Parent & Child	\$19.55	\$19.54	\$39.09
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	\$4.17	\$4.17	\$8.34
Member & Spouse/Partner	\$7.25	\$7.24	\$14.49
Family	\$11.86	\$11.85	\$23.71
Parent & Child	\$8.78	\$8.78	\$17.56
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