



**State Monthly Active Group
Dental Rates**
Effective 1/1/2019 to 12/31/2019

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
DENTAL EXPENSE PLAN (#399)			
Single	\$20.17	\$20.16	\$40.33
Member & Spouse/Partner	\$35.05	\$35.04	\$70.09
Family	\$57.33	\$57.32	\$114.65
Parent & Child	\$42.47	\$42.46	\$84.93
CIGNA (DPO #305)			
Single	\$11.51	\$11.51	\$23.02
Member & Spouse/Partner	\$20.02	\$20.01	\$40.03
Family	\$32.73	\$32.72	\$65.45
Parent & Child	\$24.26	\$24.26	\$48.52
HEALTHPLEX (DPO #307)			
Single	\$4.39	\$4.39	\$8.78
Member & Spouse/Partner	\$7.64	\$7.63	\$15.27
Family	\$12.48	\$12.47	\$24.95
Parent & Child	\$9.25	\$9.24	\$18.49
HORIZON DENTAL CHOICE (DPO #317)			
Single	\$9.06	\$9.06	\$18.12
Member & Spouse/Partner	\$15.75	\$15.75	\$31.50
Family	\$25.76	\$25.75	\$51.51
Parent & Child	\$19.08	\$19.08	\$38.16
AETNA DMO (DPO #319)			
Single	\$10.76	\$10.75	\$21.51
Member & Spouse/Partner	\$18.72	\$18.72	\$37.44
Family	\$30.62	\$30.62	\$61.24
Parent & Child	\$22.69	\$22.69	\$45.38
METLIFE (DPO #320)			
Single	\$7.49	\$7.48	\$14.97
Member & Spouse/Partner	\$12.69	\$12.68	\$25.37
Family	\$20.48	\$20.47	\$40.95
Parent & Child	\$15.28	\$15.27	\$30.55