



**Retired Group —
State, Local Government, and Education
Dental Rates**
Effective 1/1/2020 to 12/31/2020

PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY BILLING RATE
DENTAL EXPENSE PLAN (#398)	
Single	\$40.98
Member & Spouse/Partner	\$80.85
Family	\$105.37
Parent & Child	\$60.94
CIGNA (DPO #305)	
Single	\$25.23
Member & Spouse/Partner	\$48.15
Family	\$86.43
Parent & Child	\$76.68
HEALTHPLEX (DPO #307)	
Single	\$8.78
Member & Spouse/Partner	\$15.27
Family	\$24.95
Parent & Child	\$18.49
HORIZON DENTAL CHOICE (DPO #317)	
Single	\$18.39
Member & Spouse/Partner	\$31.96
Family	\$52.29
Parent & Child	\$38.72
AETNA DMO (DPO #319)	
Single	\$22.62
Member & Spouse/Partner	\$39.38
Family	\$64.42
Parent & Child	\$47.74
METLIFE (DPO #320)	
Single	\$14.52
Member & Spouse/Partner	\$24.61
Family	\$39.72
Parent & Child	\$29.63