



**Retired Group —
State, Local Government, and Education
Dental Rates**
Effective 1/1/2021 to 12/31/2021

PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY BILLING RATE
DENTAL EXPENSE PLAN (#398)	
Single	\$41.60
Member & Spouse/Partner	\$82.05
Family	\$106.94
Parent & Child	\$61.85
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	\$19.03
Member & Spouse/Partner	\$33.07
Family	\$54.11
Parent & Child	\$40.07
AETNA DMO (DPO #319)	
Single	\$21.90
Member & Spouse/Partner	\$38.12
Family	\$62.36
Parent & Child	\$46.21
METLIFE (DPO #320)	
Single	\$13.79
Member & Spouse/Partner	\$23.38
Family	\$37.73
Parent & Child	\$28.15