



**State Biweekly Active Group
Dental Rates**
Effective 1/1/2022 to 12/31/2022

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
DENTAL EXPENSE PLAN (#399)			
Single	\$9.48	\$9.47	\$18.95
Member & Spouse/Partner	\$16.47	\$16.46	\$32.93
Family	\$26.93	\$26.93	\$53.86
Parent & Child	\$19.95	\$19.95	\$39.90
CIGNA (DPO #305)			
Single	\$4.77	\$4.76	\$9.53
Member & Spouse/Partner	\$8.30	\$8.28	\$16.58
Family	\$13.56	\$13.55	\$27.11
Parent & Child	\$10.06	\$10.04	\$20.10
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	\$4.05	\$4.04	\$8.09
Member & Spouse/Partner	\$7.04	\$7.03	\$14.07
Family	\$11.51	\$11.50	\$23.01
Parent & Child	\$8.52	\$8.52	\$17.04
AETNA DMO (DPO #319)			
Single	\$4.85	\$4.83	\$9.68
Member & Spouse/Partner	\$8.42	\$8.42	\$16.84
Family	\$13.78	\$13.77	\$27.55
Parent & Child	\$10.21	\$10.20	\$20.41
METLIFE (DPO #320)			
Single	\$3.17	\$3.17	\$6.34
Member & Spouse/Partner	\$5.38	\$5.38	\$10.76
Family	\$8.68	\$8.68	\$17.36
Parent & Child	\$6.48	\$6.47	\$12.95