



**Retired Group —
State, Local Government, and Education
Dental Rates**
Effective 1/1/2024 to 12/31/2024

PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY BILLING RATE
DENTAL EXPENSE PLAN (#398)	
Single	\$42.04
Member & Spouse/Partner	\$82.93
Family	\$108.08
Parent & Child	\$62.51
CIGNA (DPO #305)	
Single	\$22.71
Member & Spouse/Partner	\$43.34
Family	\$77.79
Parent & Child	\$69.01
HORIZON DENTAL CHOICE (DPO #317)	
Single	\$17.89
Member & Spouse/Partner	\$31.09
Family	\$50.88
Parent & Child	\$37.67
AETNA DMO (DPO #319)	
Single	\$21.35
Member & Spouse/Partner	\$37.17
Family	\$60.80
Parent & Child	\$45.05
METLIFE (DPO #320)	
Single	\$13.79
Member & Spouse/Partner	\$23.38
Family	\$37.73
Parent & Child	\$28.15