



**State Biweekly Active Group
Dental Rates**
Effective 12/21/2019 to 12/20/2020

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
DENTAL EXPENSE PLAN (#399)			
Single	\$9.61	\$9.60	\$19.21
Member & Spouse/Partner	\$16.70	\$16.69	\$33.39
Family	\$27.31	\$27.30	\$54.61
Parent & Child	\$20.23	\$20.23	\$40.46
CIGNA (DPO #305)			
Single	\$5.30	\$5.29	\$10.59
Member & Spouse/Partner	\$9.21	\$9.21	\$18.42
Family	\$15.06	\$15.06	\$30.12
Parent & Child	\$11.17	\$11.16	\$22.33
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	\$4.11	\$4.10	\$8.21
Member & Spouse/Partner	\$7.14	\$7.14	\$14.28
Family	\$11.69	\$11.67	\$23.36
Parent & Child	\$8.65	\$8.65	\$17.30
AETNA DMO (DPO #319)			
Single	\$5.01	\$4.99	\$10.00
Member & Spouse/Partner	\$8.71	\$8.69	\$17.40
Family	\$14.23	\$14.23	\$28.46
Parent & Child	\$10.55	\$10.54	\$21.09
METLIFE (DPO #320)			
Single	\$3.34	\$3.34	\$6.68
Member & Spouse/Partner	\$5.66	\$5.66	\$11.32
Family	\$9.14	\$9.14	\$18.28
Parent & Child	\$6.82	\$6.81	\$13.63