



**Retired Group —
State, Local Government, and Education
Dental Rates**
Effective 1/1/2019 to 12/31/2019

| PLAN/COVERAGE DESCRIPTION | TOTAL MONTHLY BILLING RATE |
|---|----------------------------|
| DENTAL EXPENSE PLAN (#398) | |
| Single | \$40.29 |
| Member & Spouse/Partner | \$79.48 |
| Family | \$103.58 |
| Parent & Child | \$59.91 |
| 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 | \$18.66 |
| Member & Spouse/Partner | \$32.44 |
| Family | \$53.07 |
| Parent & Child | \$39.30 |
| AETNA DMO (DPO #319) | |
| Single | \$22.40 |
| Member & Spouse/Partner | \$38.99 |
| Family | \$63.78 |
| Parent & Child | \$47.27 |
| METLIFE (DPO #320) | |
| Single | \$14.97 |
| Member & Spouse/Partner | \$25.37 |
| Family | \$40.95 |
| Parent & Child | \$30.55 |