



**State Biweekly Active Group
Dental Rates**
Effective 12/31/2022 to 12/29/2023

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
DENTAL EXPENSE PLAN (#399)			
Single	\$9.58	\$9.56	\$19.14
Member & Spouse/Partner	\$16.64	\$16.63	\$33.27
Family	\$27.22	\$27.20	\$54.42
Parent & Child	\$20.16	\$20.15	\$40.31
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
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