



**Local Monthly Active Group
Local Government and Education Employers
Dental Rates**
Effective 1/1/2023 to 12/31/2023

PLAN/COVERAGE DESCRIPTION	MAXIMUM EMPLOYEES' CONTRIBUTION (50%)	TOTAL
DENTAL EXPENSE PLAN (#399)		
Single	\$20.79	\$41.59
Member & Spouse/Partner	\$36.14	\$72.28
Family	\$59.11	\$118.23
Parent & Child	\$43.79	\$87.58
CIGNA (DPO #305)		
Single	\$10.36	\$20.72
Member & Spouse/Partner	\$18.01	\$36.03
Family	\$29.45	\$58.91
Parent & Child	\$21.83	\$43.67
HORIZON DENTAL CHOICE (DPO #317)		
Single	\$8.79	\$17.58
Member & Spouse/Partner	\$15.28	\$30.57
Family	\$24.99	\$49.99
Parent & Child	\$18.52	\$37.04
AETNA DMO (DPO #319)		
Single	\$10.51	\$21.03
Member & Spouse/Partner	\$18.30	\$36.60
Family	\$29.93	\$59.87
Parent & Child	\$22.18	\$44.36
METLIFE (DPO #320)		
Single	\$6.89	\$13.79
Member & Spouse/Partner	\$11.69	\$23.38
Family	\$18.86	\$37.73
Parent & Child	\$14.07	\$28.15