



**State Biweekly Active Group
Dental Rates**
Effective 12/30/2023 to 12/28/2024

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
DENTAL EXPENSE PLAN (#399)			
Single	\$9.78	\$9.77	\$19.55
Member & Spouse/Partner	\$16.99	\$16.99	\$33.98
Family	\$27.80	\$27.79	\$55.59
Parent & Child	\$20.60	\$20.58	\$41.18
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	\$4.00	\$3.99	\$7.99
Member & Spouse/Partner	\$6.95	\$6.94	\$13.89
Family	\$11.36	\$11.36	\$22.72
Parent & Child	\$8.42	\$8.41	\$16.83
AETNA DMO (DPO #319)			
Single	\$4.72	\$4.71	\$9.43
Member & Spouse/Partner	\$8.21	\$8.21	\$16.42
Family	\$13.43	\$13.43	\$26.86
Parent & Child	\$9.95	\$9.95	\$19.90
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