



**State Monthly Active Group  
Dental Rates**  
Effective 1/1/2020 to 12/31/2020

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
<b>DENTAL EXPENSE PLAN (#399)</b>			
Single	\$20.87	\$20.87	\$41.74
Member & Spouse/Partner	\$36.28	\$36.27	\$72.55
Family	\$59.33	\$59.33	\$118.66
Parent & Child	\$43.95	\$43.95	\$87.90
<b>CIGNA (DPO #305)</b>			
Single	\$11.51	\$11.51	\$23.02
Member & Spouse/Partner	\$20.02	\$20.01	\$40.03
Family	\$32.73	\$32.72	\$65.45
Parent & Child	\$24.26	\$24.26	\$48.52
<b>HEALTHPLEX (DPO #307)</b>			
Single	\$4.39	\$4.39	\$8.78
Member & Spouse/Partner	\$7.64	\$7.63	\$15.27
Family	\$12.48	\$12.47	\$24.95
Parent & Child	\$9.25	\$9.24	\$18.49
<b>HORIZON DENTAL CHOICE (DPO #317)</b>			
Single	\$8.93	\$8.92	\$17.85
Member & Spouse/Partner	\$15.52	\$15.52	\$31.04
Family	\$25.38	\$25.37	\$50.75
Parent & Child	\$18.80	\$18.80	\$37.60
<b>AETNA DMO (DPO #319)</b>			
Single	\$10.87	\$10.86	\$21.73
Member & Spouse/Partner	\$18.91	\$18.90	\$37.81
Family	\$30.93	\$30.92	\$61.85
Parent & Child	\$22.92	\$22.91	\$45.83
<b>METLIFE (DPO #320)</b>			
Single	\$7.49	\$7.48	\$14.97
Member & Spouse/Partner	\$12.69	\$12.68	\$25.37
Family	\$20.48	\$20.47	\$40.95
Parent & Child	\$15.28	\$15.27	\$30.55