



**Local Monthly Active Group  
Local Government and Education Employers  
Dental Rates**  
Effective 1/1/2022 to 12/31/2022

PLAN/COVERAGE DESCRIPTION	MAXIMUM EMPLOYEES' CONTRIBUTION (50%)	TOTAL
<b>DENTAL EXPENSE PLAN (#399)</b>		
Single	\$20.58	\$41.17
Member & Spouse/Partner	\$35.77	\$71.55
Family	\$58.51	\$117.03
Parent & Child	\$43.45	\$86.70
<b>CIGNA (DPO #305)</b>		
Single	\$ 10.36	\$20.72
Member & Spouse/Partner	\$18.01	\$36.03
Family	\$29.45	\$58.91
Parent & Child	\$21.83	\$43.67
<b>HEALTHPLEX (DPO #307)</b>		
Single	\$4.39	\$8.78
Member & Spouse/Partner	\$7.63	\$15.27
Family	\$12.47	\$24.95
Parent & Child	\$9.24	\$18.49
<b>HORIZON DENTAL CHOICE (DPO #317)</b>		
Single	\$8.79	\$17.58
Member & Spouse/Partner	\$15.28	\$30.57
Family	\$24.99	\$49.99
Parent & Child	\$18.52	\$37.04
<b>AETNA DMO (DPO #319)</b>		
Single	\$10.51	\$21.03
Member & Spouse/Partner	\$18.30	\$36.60
Family	\$29.93	\$59.87
Parent & Child	\$22.18	\$44.36
<b>METLIFE (DPO #320)</b>		
Single	\$6.89	\$13.79
Member & Spouse/Partner	\$11.69	\$23.38
Family	\$18.86	\$37.73
Parent & Child	\$14.07	\$28.15