



**State Monthly Active Group  
Dental Rates**  
Effective 1/1/2021 to 12/31/2021

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
<b>DENTAL EXPENSE PLAN (#399)</b>			
Single	\$21.26	\$21.26	\$42.52
Member & Spouse/Partner	\$36.95	\$36.95	\$73.90
Family	\$60.44	\$60.44	\$120.88
Parent & Child	\$44.78	\$44.77	\$89.55
<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	\$9.24	\$9.23	\$18.47
Member & Spouse/Partner	\$16.06	\$16.06	\$32.12
Family	\$26.26	\$26.25	\$52.51
Parent & Child	\$19.46	\$19.45	\$38.91
<b>AETNA DMO (DPO #319)</b>			
Single	\$10.52	\$10.51	\$21.03
Member & Spouse/Partner	\$18.30	\$18.30	\$36.60
Family	\$29.94	\$29.93	\$59.87
Parent & Child	\$22.18	\$22.18	\$44.36
<b>METLIFE (DPO #320)</b>			
Single	\$6.90	\$6.89	\$13.79
Member & Spouse/Partner	\$11.69	\$11.69	\$23.38
Family	\$18.87	\$18.86	\$37.73
Parent & Child	\$14.08	\$14.07	\$28.15