



**State Monthly Active Group  
Dental Rates**  
Effective 1/1/2024 to 12/31/2024

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
<b>DENTAL EXPENSE PLAN (#399)</b>			
Single	\$21.25	\$21.24	\$42.49
Member & Spouse/Partner	\$36.92	\$36.92	\$73.84
Family	\$60.39	\$60.39	\$120.78
Parent & Child	\$44.74	\$44.73	\$89.47
<b>CIGNA (DPO #305)</b>			
Single	\$10.36	\$10.36	\$20.72
Member & Spouse/Partner	\$18.02	\$18.01	\$36.03
Family	\$29.46	\$29.45	\$58.91
Parent & Child	\$21.84	\$21.83	\$43.67
<b>HORIZON DENTAL CHOICE (DPO #317)</b>			
Single	\$8.68	\$8.68	\$17.36
Member & Spouse/Partner	\$15.10	\$15.09	\$30.19
Family	\$24.69	\$24.69	\$49.38
Parent & Child	\$18.29	\$18.29	\$36.58
<b>AETNA DMO (DPO #319)</b>			
Single	\$10.25	\$10.25	\$20.50
Member & Spouse/Partner	\$17.85	\$17.84	\$35.69
Family	\$29.19	\$29.18	\$58.37
Parent & Child	\$21.63	\$21.62	\$43.25
<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