



**Local Monthly Active Group
Local Government and Education Employers
Dental Rates**
Effective 1/1/2020 to 12/31/2020

PLAN/COVERAGE DESCRIPTION	MAXIMUM EMPLOYEES' CONTRIBUTION (50%)	TOTAL
DENTAL EXPENSE PLAN (#399)		
Single	\$20.87	\$41.74
Member & Spouse/Partner	\$36.27	\$72.55
Family	\$59.33	\$118.66
Parent & Child	\$43.95	\$87.90
CIGNA (DPO #305)		
Single	\$11.51	\$23.02
Member & Spouse/Partner	\$20.01	\$40.03
Family	\$32.72	\$65.45
Parent & Child	\$24.26	\$48.52
HEALTHPLEX (DPO #307)		
Single	\$4.39	\$8.78
Member & Spouse/Partner	\$7.63	\$15.27
Family	\$12.47	\$24.95
Parent & Child	\$9.24	\$18.49
HORIZON DENTAL CHOICE (DPO #317)		
Single	\$8.92	\$17.85
Member & Spouse/Partner	\$15.52	\$31.04
Family	\$25.37	\$50.75
Parent & Child	\$18.80	\$37.60
AETNA DMO (DPO #319)		
Single	\$10.86	\$21.73
Member & Spouse/Partner	\$18.90	\$37.81
Family	\$30.92	\$61.85
Parent & Child	\$22.91	\$45.83
METLIFE (DPO #320)		
Single	\$7.26	\$14.52
Member & Spouse/Partner	\$12.30	\$24.61
Family	\$19.86	\$39.72
Parent & Child	\$14.81	\$29.63