

Dental Biweekly Premiums
Effective 1/1/17 to 12/31/17

Plan Name	Employee Biweekly Cost
Preferred Provider Organization (PPO)	
Dental Expense Plan (#399)	
Single	\$ 9.06
Member & Spouse/Partner	\$ 15.74
Family	\$ 25.75
Parent & Child	\$ 19.08
Dental Provider Organization (DPO)	
Cigna (DPO #305)	
Single	\$ 5.13
Member & Spouse/Partner	\$ 8.93
Family	\$ 14.59
Parent & Child	\$ 10.82
Healthplex (DPO #307)	
Single	\$ 2.03
Member & Spouse/Partner	\$ 3.52
Family	\$ 5.76
Parent & Child	\$ 4.26
Horizon Dental Choice (DPO #317)	
Single	\$ 4.29
Member & Spouse/Partner	\$ 7.45
Family	\$ 12.19
Parent & Child	\$ 9.03
Aetna DMO (DPO #319)	
Single	\$ 4.81
Member & Spouse/Partner	\$ 8.37
Family	\$ 13.69
Parent & Child	\$ 10.14
MetLife (DPO #320)	
Single	\$ 3.45
Member & Spouse/Partner	\$ 5.85
Family	\$ 9.45
Parent & Child	\$ 7.05