

Dental Biweekly Premiums
Effective 1/1/20 to 12/31/20

Plan Name	Employee Biweekly Cost
Preferred Provider Organization (PPO)	
Dental Expense Plan (#399)	
Single	\$ 9.63
Member & Spouse/Partner	\$ 16.74
Family	\$ 27.38
Parent & Child	\$ 20.28
Dental Provider Organization (DPO)	
Cigna (DPO #305)	
Single	\$ 5.31
Member & Spouse/Partner	\$ 9.24
Family	\$ 15.10
Parent & Child	\$ 11.20
Healthplex (DPO #307)	
Single	\$ 2.03
Member & Spouse/Partner	\$ 3.52
Family	\$ 5.76
Parent & Child	\$ 4.26
Horizon Dental Choice (DPO #317)	
Single	\$ 4.12
Member & Spouse/Partner	\$ 7.16
Family	\$ 11.71
Parent & Child	\$ 8.68
Aetna DMO (DPO #319)	
Single	\$ 5.01
Member & Spouse/Partner	\$ 8.72
Family	\$ 14.27
Parent & Child	\$ 10.57
MetLife (DPO #320)	
Single	\$ 3.45
Member & Spouse/Partner	\$ 5.85
Family	\$ 9.45
Parent & Child	\$ 7.05