

**Dental Biweekly Premiums
Effective 1/01/23 to 12/31/2023**

Plan Name	Employee Biweekly Cost
Preferred Provider Organization (PPO)	
Dental Expense Plan (#399)	
Single	\$ 9.60
Member & Spouse/Partner	\$ 16.68
Family	\$ 27.28
Parent & Child	\$ 20.21
Dental Provider Organization (DPO)	
Cigna (DPO #305)	
Single	\$ 4.78
Member & Spouse/Partner	\$ 8.31
Family	\$ 13.59
Parent & Child	\$ 10.08
Horizon Dental Choice (DPO #317)	
Single	\$ 4.06
Member & Spouse/Partner	\$ 7.05
Family	\$ 11.53
Parent & Child	\$ 8.55
Aetna DMO (DPO #319)	
Single	\$ 4.85
Member & Spouse/Partner	\$ 8.45
Family	\$ 13.81
Parent & Child	\$ 10.24
MetLife (DPO #320)	
Single	\$ 3.18
Member & Spouse/Partner	\$ 5.40
Family	\$ 8.70
Parent & Child	\$ 6.49