

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

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