

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