

**DEPARTMENT OF THE TREASURY • DIVISION OF PENSIONS AND BENEFITS  
NEW JERSEY STATE HEALTH BENEFITS PROGRAM**

**STATE MONTHLY ACTIVE GROUP  
DENTAL RATES EFFECTIVE 1/1/2017 TO 12/31/2017**

<b>DESCRIPTION OF COVERAGE</b>	<b>STATE CONTRIBUTION</b>	<b>EMPLOYEES' CONTRIBUTION</b>	<b>TOTAL</b>
<b>DENTAL EXPENSE PLAN (#399)</b>			
Single	\$19.63	\$19.63	\$39.26
Member & Spouse/Partner	\$34.11	\$34.11	\$68.22
Family	\$55.80	\$55.80	\$111.60
Parent & Child	\$41.34	\$41.33	\$82.67
<b>CIGNA (DPO #305)</b>			
Single	\$11.12	\$11.12	\$22.24
Member & Spouse/Partner	\$19.34	\$19.34	\$38.68
Family	\$31.62	\$31.62	\$63.24
Parent & Child	\$23.44	\$23.44	\$46.88
<b>HEALTHPLEX (DPO #307)</b>			
Single	\$4.39	\$4.39	\$8.78
Member & Spouse/Partner	\$7.64	\$7.63	\$15.27
Family	\$12.48	\$12.47	\$24.95
Parent & Child	\$9.25	\$9.24	\$18.49
<b>HORIZON DENTAL CHOICE (DPO #317)</b>			
Single	\$9.30	\$9.29	\$18.59
Member & Spouse/Partner	\$16.16	\$16.15	\$32.31
Family	\$26.42	\$26.42	\$52.84
Parent & Child	\$19.57	\$19.57	\$39.14
<b>AETNA DMO (DPO #319)</b>			
Single	\$10.42	\$10.42	\$20.84
Member & Spouse/Partner	\$18.14	\$18.14	\$36.28
Family	\$29.67	\$29.67	\$59.34
Parent & Child	\$21.99	\$21.98	\$43.97
<b>METLIFE (DPO #320)</b>			
Single	\$7.49	\$7.48	\$14.97
Member & Spouse/Partner	\$12.69	\$12.68	\$25.37
Family	\$20.48	\$20.47	\$40.95
Parent & Child	\$15.28	\$15.27	\$30.55