

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

**STATE MONTHLY ACTIVE GROUP
DENTAL RATES EFFECTIVE 1/1/2016 TO 12/31/2016**

DESCRIPTION OF COVERAGE	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
DENTAL EXPENSE PLAN (#399)			
Single	\$19.10	\$19.10	\$38.20
Member & Spouse/Partner	\$33.20	\$33.19	\$66.39
Family	\$54.30	\$54.30	\$108.60
Parent & Child	\$40.23	\$40.22	\$80.45
CIGNA (DPO #305)			
Single	\$10.90	\$10.90	\$21.80
Member & Spouse/Partner	\$18.96	\$18.96	\$37.92
Family	\$31.00	\$31.00	\$62.00
Parent & Child	\$22.98	\$22.98	\$45.96
HEALTHPLEX (DPO #307)			
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
HORIZON DENTAL CHOICE (DPO #317)			
Single	\$9.80	\$9.80	\$19.60
Member & Spouse/Partner	\$17.03	\$17.03	\$34.06
Family	\$27.85	\$27.85	\$55.70
Parent & Child	\$20.63	\$20.63	\$41.26
AETNA DMO (DPO #319)			
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
METLIFE (DPO #320)			
Single	\$7.88	\$7.88	\$15.76
Member & Spouse/Partner	\$13.35	\$13.35	\$26.70
Family	\$21.55	\$21.55	\$43.10
Parent & Child	\$16.08	\$16.08	\$32.16