

**Dental Biweekly Premiums**  
**Effective 1/1/22 to 12/31/22**

Plan Name	Employee Biweekly Cost
<b>Preferred Provider Organization (PPO)</b>	
<b>Dental Expense Plan (#399)</b>	
Single	\$ 9.50
Member & Spouse/Partner	\$ 16.51
Family	\$ 27.00
Parent & Child	\$ 20.01
<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>Healthplex (DPO #307)</b>	
Single	\$ 2.03
Member & Spouse/Partner	\$ 3.52
Family	\$ 5.76
Parent & Child	\$ 4.26
<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