

**Domestic/Civil Union Partners**  
**Biweekly Dental Premiums and Imputed Income Rates**  
**Effective 1/1/22 to 12/31/22**

Plan Name	After-Tax Biweekly Premium	Imputed Income
<b>Perferred Provider Ogranization (PPO)</b>		
<b>Dental Expense Plan (#399)</b>		
DP	\$ 7.01	\$ 11.99
DF	\$ 7.00	\$ 12.00
<b>Dental Provider Organization (DPO)</b>		
<b>Cigna (DPO #305)</b>		
DP	\$ 3.53	\$ 6.03
DF	\$ 3.52	\$ 6.05
<b>Healthplex (DPO #307)</b>		
DP	\$ 1.50	\$ 2.56
DF	\$ 1.49	\$ 2.56
<b>Horizon Dental Choice (DPO #317)</b>		
DP	\$ 3.00	\$ 5.12
DF	\$ 2.99	\$ 5.13
<b>Aetna DMO (DPO #319)</b>		
DP	\$ 3.60	\$ 6.11
DF	\$ 3.58	\$ 6.13
<b>MetLife (DPO #320)</b>		
DP	\$ 2.22	\$ 4.15
DF	\$ 2.21	\$ 4.15