

Employee Dental Plan Rates for 2024

PLAN NO.	PLAN NAME	WEB ADDRESS AND MEMBERSHIP SERVICES PHONE NUMBER	SERVICE AREA	EMPLOYEE PREMIUM INFORMATION COST (24 Pay Periods)			
				Single	Member & Spouse/Partner	Family	Parent & Child(ren)
320	MetLife	www.metlife.com/dental 1 (866) 880-2984	Parts of NJ	3.45	5.85	9.43	7.04
305	Cigna	www.cigna.com/stateofnj 1 (800) 367-1037	Parts of NJ, Eastern PA	5.18	9.01	14.73	10.92
317	Horizon Dental Choice	www.horizonblue.com 1 (800) 433-6825	All of NJ (except Salem & Hunterdon Co.)	4.34	7.55	12.35	9.15
319	Aetna DPO	www.aetna.com/statenj 1 (800) 843-3661	All of NJ, Eastern PA	5.13	8.92	14.59	10.81
399	Dental Expense Plan (PPO)	www.aetan.com/statenj 1 (877) 238-6200	Unrestricted	10.62	18.46	30.20	22.37