

Employee Dental Plan Rates for 2025

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)
303	Horizon Dental Expense Plan(PPO)	www.horizonblue.com 1(800) 433-6825	Unrestricted	11.52	20.02	32.75	24.26
399	AETNA Dental Expense Plan (PPO)	www.aetna.com/statenj 1 (877) 782-8365	Unrestricted	11.52	20.02	32.75	24.26
319	Aetna DMO	www.aetna.com/statenj 1 (877) 782-8365	All of NJ, Eastern PA	4.92	8.57	14.01	10.39

