

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					
				5.18	9.01	14.73	10.92
		1 (800) 367-1037					
317	Horizon Dental Choice	www.horizonblue.com	All of NJ	4.34	7.55	12.35	9.15
		1 (800) 433-6825	(except Salem & Hunterdon Co.)				
319	Aetna DPO	aetnastatenj.com					
		aetnastatenj.com	Unrestricted	10.62	18.46	30.20	22.37
		1 (877) 238-6200					