



**Retired State and Local Government Group
Dental Rates**
Effective 1/1/2025 to 12/31/2025

PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY BILLING RATE
AETNA DENTAL EXPENSE PLAN (#398)	
Single	\$45.04
Member & Spouse/Partner	\$88.85
Family	\$115.80
Parent & Child	\$66.97
HORIZON DENTAL EXPENSE PLAN (#395)	
Single	\$45.04
Member & Spouse/Partner	\$88.85
Family	\$115.80
Parent & Child	\$66.97
AETNA DMO (DPO #319)	
Single	\$20.50
Member & Spouse/Partner	\$35.69
Family	\$58.39
Parent & Child	\$43.26