State Biweekly Active Group
Dental Rates
Effective 12/26/2026 to 12/24/2027

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
AETNA DENTAL EXPENSE PLAN (#399)			
Single	$11.33	$11.33	$22.66
Member & Spouse/Partner	$19.69	$19.69	$39.38
Family	$32.21	$32.21	$64.42
Parent & Child	$23.86	$23.86	$47.72
HORIZON DENTAL EXPENSE PLAN (#303)			
Single	$11.33	$11.33	$22.66
Member & Spouse/Partner	$19.69	$19.69	$39.38
Family	$32.21	$32.21	$64.42
Parent & Child	$23.86	$23.86	$47.72
AETNA DMO (DPO #319)			
Single	$4.53	$4.53	$9.06
Member & Spouse/Partner	$7.89	$7.88	$15.77
Family	$12.89	$12.90	$25.79
Parent & Child	$9.56	$9.56	$19.12