



**State Monthly Active Group
Cobra Monthly Dental Rates**
Effective 1/1/2020 to 12/31/2020

PLAN/COVERAGE DESCRIPTION	COBRA RATES
DENTAL EXPENSE PLAN (#399)	
Single	\$42.57
Member & Spouse/Partner	\$74.00
Family	\$121.03
Parent & Child	\$89.65
CIGNA (DPO #305)	
Single	\$23.48
Member & Spouse/Partner	\$40.83
Family	\$66.75
Parent & Child	\$49.49
HEALTHPLEX (DPO #307)	
Single	\$8.95
Member & Spouse/Partner	\$15.57
Family	\$25.44
Parent & Child	\$18.85
HORIZON DENTAL CHOICE (DPO #317)	
Single	\$18.20
Member & Spouse/Partner	\$31.66
Family	\$51.76
Parent & Child	\$38.35
AETNA DMO (DPO #319)	
Single	\$22.16
Member & Spouse/Partner	\$38.56
Family	\$63.08
Parent & Child	\$46.74
METLIFE (DPO #320)	
Single	\$14.81
Member & Spouse/Partner	\$25.10
Family	\$40.51
Parent & Child	\$30.22