



**Local Monthly Active Group
Local Government and Education Employers
COBRA Monthly Dental Rates
Effective 1/1/2025 to 12/31/2025**

PLAN/COVERAGE DESCRIPTION	COBRA RATES
AETNA DENTAL EXPENSE PLAN (#399)	
Single	\$47.00
Member & Spouse/Partner	\$81.68
Family	\$133.59
Parent & Child	\$98.97
HORIZON DENTAL EXPENSE PLAN (#303)	
Single	\$47.00
Member & Spouse/Partner	\$81.68
Family	\$133.59
Parent & Child	\$98.97
AETNA DMO (DPO #319)	
Single	\$20.08
Member & Spouse/Partner	\$34.95
Family	\$57.17
Parent & Child	\$42.38