



**Retired Education Group
Dental Rates**
Effective 1/1/2025 to 12/31/2025

PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY BILLING RATE
AETNA DENTAL EXPENSE PLAN (#398)	
Single	\$49.33
Member & Spouse/Partner	\$97.31
Family	\$126.83
Parent & Child	\$73.35
AETNA DENTAL EXPENSE PLAN PLUS (#397)	
Single	\$56.49
Member & Spouse/Partner	\$111.44
Family	\$145.24
Parent & Child	\$84.00
HORIZON DENTAL EXPENSE PLAN (#395)	
Single	\$49.33
Member & Spouse/Partner	\$97.31
Family	\$126.83
Parent & Child	\$73.35
HORIZON DENTAL EXPENSE PLAN PLUS (#396)	
Single	\$56.49
Member & Spouse/Partner	\$111.44
Family	\$145.24
Parent & Child	\$84.00
AETNA DMO (DPO #319)	
Single	\$20.50
Member & Spouse/Partner	\$35.69
Family	\$58.39
Parent & Child	\$43.26