



**Local Monthly Active Group**  
**Local Government and Education Employers**  
**COBRA Monthly Dental Rates**  
 Effective 1/1/2026 to 12/31/2026

PLAN/COVERAGE DESCRIPTION	COBRA RATES
<b>AETNA DENTAL EXPENSE PLAN (#399)</b>	
Single	\$49.87
Member & Spouse/Partner	\$86.67
Family	\$141.76
Parent & Child	\$105.01
<b>HORIZON DENTAL EXPENSE PLAN (#303)</b>	
Single	\$49.87
Member & Spouse/Partner	\$86.67
Family	\$141.76
Parent & Child	\$105.01
<b>AETNA DMO (DPO #319)</b>	
Single	\$20.08
Member & Spouse/Partner	\$34.95
Family	\$57.17
Parent & Child	\$42.37