



**Retired Education Group
Dental Rates**
Effective 1/1/2026 to 12/31/2026

PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY BILLING RATE
AETNA DENTAL EXPENSE PLAN (#398)	
Single	\$51.71
Member & Spouse/Partner	\$102.00
Family	\$132.94
Parent & Child	\$76.88
AETNA DENTAL EXPENSE PLAN PLUS (#397)	
Single	\$59.21
Member & Spouse/Partner	\$116.81
Family	\$152.24
Parent & Child	\$88.05
HORIZON DENTAL EXPENSE PLAN (#395)	
Single	\$51.71
Member & Spouse/Partner	\$102.00
Family	\$132.94
Parent & Child	\$76.88
HORIZON DENTAL EXPENSE PLAN PLUS (#396)	
Single	\$59.21
Member & Spouse/Partner	\$116.81
Family	\$152.24
Parent & Child	\$88.05
AETNA DMO (DPO #319)	
Single	\$20.50
Member & Spouse/Partner	\$35.69
Family	\$58.39
Parent & Child	\$43.26