



State Monthly Active Group Dental Rates Effective 1/1/2026 to 12/31/2026

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
AETNA DENTAL EXPENSE PLAN (#399)			
Single	\$24.45	\$24.45	\$48.90
Member & Spouse/Partner	\$42.49	\$42.49	\$84.98
Family	\$69.50	\$69.49	\$138.99
Parent & Child	\$51.48	\$51.48	\$102.96
HORIZON DENTAL EXPENSE PLAN (#303)			
Single	\$24.45	\$24.45	\$48.90
Member & Spouse/Partner	\$42.49	\$42.49	\$84.98
Family	\$69.50	\$69.49	\$138.99
Parent & Child	\$51.48	\$51.48	\$102.96
AETNA DMO (DPO #319)			
Single	\$9.85	\$9.84	\$19.69
Member & Spouse/Partner	\$17.14	\$17.13	\$34.27
Family	\$28.03	\$28.02	\$56.05
Parent & Child	\$20.77	\$20.77	\$41.54