



State Biweekly Active Group Dental Rates Effective 12/27/2025 to 12/25/2026

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
AETNA DENTAL EXPENSE PLAN (#399)			
Single	\$11.25	\$11.25	\$22.50
Member & Spouse/Partner	\$19.56	\$19.55	\$39.11
Family	\$31.99	\$31.98	\$63.97
Parent & Child	\$23.70	\$23.69	\$47.39
HORIZON DENTAL EXPENSE PLAN (#303)			
Single	\$11.25	\$11.25	\$22.50
Member & Spouse/Partner	\$19.56	\$19.55	\$39.11
Family	\$31.99	\$31.98	\$63.97
Parent & Child	\$23.70	\$23.69	\$47.39
AETNA DMO (DPO #319)			
Single	\$4.53	\$4.53	\$9.06
Member & Spouse/Partner	\$7.89	\$7.88	\$15.77
Family	\$12.90	\$12.89	\$25.79
Parent & Child	\$9.56	\$9.56	\$19.12