



**State Monthly Active Group
COBRA Monthly Dental Rates**
Effective 1/1/2027 to 12/31/2027

PLAN/COVERAGE DESCRIPTION	COBRA RATES
AETNA DENTAL EXPENSE PLAN (#399)	
Single	\$50.22
Member & Spouse/Partner	\$87.28
Family	\$142.75
Parent & Child	\$105.75
HORIZON DENTAL EXPENSE PLAN (#303)	
Single	\$50.22
Member & Spouse/Partner	\$87.28
Family	\$142.75
Parent & Child	\$105.75
AETNA DMO (DPO #319)	
Single	\$20.08
Member & Spouse/Partner	\$34.95
Family	\$57.17
Parent & Child	\$42.37