



State Biweekly Active Group Dental Rates Effective 12/26/2026 to 12/25/2027

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
AETNA DENTAL EXPENSE PLAN (#399)			
Single	\$11.33	\$11.33	\$22.66
Member & Spouse/Partner	\$19.69	\$19.69	\$39.38
Family	\$32.21	\$32.21	\$64.42
Parent & Child	\$23.86	\$23.86	\$47.72
HORIZON DENTAL EXPENSE PLAN (#303)			
Single	\$11.33	\$11.33	\$22.66
Member & Spouse/Partner	\$19.69	\$19.69	\$39.38
Family	\$32.21	\$32.21	\$64.42
Parent & Child	\$23.86	\$23.86	\$47.72
AETNA DMO (DPO #319)			
Single	\$4.53	\$4.53	\$9.06
Member & Spouse/Partner	\$7.89	\$7.88	\$15.77
Family	\$12.89	\$12.90	\$25.79
Parent & Child	\$9.56	\$9.56	\$19.12