



**State Monthly Active Group
Dental Rates**
Effective 1/1/2025 to 12/31/2025

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
AETNA DENTAL EXPENSE PLAN (#399)			
Single	\$23.04	\$23.04	\$46.08
Member & Spouse/Partner	\$40.04	\$40.04	\$80.08
Family	\$65.49	\$65.49	\$130.98
Parent & Child	\$48.52	\$48.51	\$97.03
HORIZON DENTAL EXPENSE PLAN (#303)			
Single	\$23.04	\$23.04	\$46.08
Member & Spouse/Partner	\$40.04	\$40.04	\$80.08
Family	\$65.49	\$65.49	\$130.98
Parent & Child	\$48.52	\$48.51	\$97.03
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