NJDPB Pensions & Benefits

Retired Education Group
Dental Rates
Effective 1/1/2026 to 12/31/2026

PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY BILLING RATE
AETNA DENTAL EXPENSE PLAN (#398)	
Single	$51.71
Member & Spouse/Partner	$102.00
Family	$135.94
Parent & Child	$76.88
AETNA DENTAL EXPENSE PLAN PLUS (#397)	
Single	$59.21
Member & Spouse/Partner	$116.81
Family	$152.24
Parent & Child	$88.05
HORIZON DENTAL EXPENSE PLAN (#395)	
Single	$51.71
Member & Spouse/Partner	$102.00
Family	$132.94
Parent & Child	$76.88
HORIZON DENTAL EXPENSE PLAN PLUS (#396)	
Single	$59.21
Member & Spouse/Partner	$116.81
Family	$152.24
Parent & Child	$88.05
AETNA DMO (DPO #319)	
Single	$20.50
Member & Spouse/Partner	$35.69
Family	$58.39
Parent & Child	$43.26