



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

PLAN/COVERAGE DESCRIPTION	COBRA RATES
<b>AETNA DENTAL EXPENSE PLAN (#399)</b>	
Single	\$47.00
Member & Spouse/Partner	\$81.68
Family	\$133.59
Parent & Child	\$98.97
<b>HORIZON DENTAL EXPENSE PLAN (#303)</b>	
Single	\$47.00
Member & Spouse/Partner	\$81.68
Family	\$133.59
Parent & Child	\$98.97
<b>AETNA DMO (DPO #319)</b>	
Single	\$20.08
Member & Spouse/Partner	\$34.95
Family	\$57.17
Parent & Child	\$42.38