



**Local Monthly Active Group  
Local Government and Education Employers  
Dental Rates**  
Effective 1/1/2026 to 12/31/2026

PLAN/COVERAGE DESCRIPTION	MAXIMUM EMPLOYEES' CONTRIBUTION (50%)	TOTAL
<b>AETNA DENTAL EXPENSE PLAN (#399)</b>		
Single	\$24.45	\$48.90
Member & Spouse/Partner	\$42.49	\$84.98
Family	\$69.49	\$138.99
Parent & Child	\$51.48	\$102.96
<b>HORIZON DENTAL EXPENSE PLAN (#303)</b>		
Single	\$24.45	\$48.90
Member & Spouse/Partner	\$42.49	\$84.98
Family	\$69.49	\$138.99
Parent & Child	\$51.48	\$102.96
<b>AETNA DMO (DPO #319)</b>		
Single	\$9.85	\$19.69
Member & Spouse/Partner	\$17.14	\$34.27
Family	\$28.03	\$56.05
Parent & Child	\$20.77	\$41.54