Retired State and Local Government Group
Dental Rates
Effective 1/1/2026 to 12/31/2026

PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY BILLING RATE
AETNA DENTAL EXPENSE PLAN (#398)	
Single	$47.21
Member & Spouse/Partner	$93.13
Family	$121.38
Parent & Child	$70.20
HORIZON DENTAL EXPENSE PLAN (#395)	
Single	$47.21
Member & Spouse/Partner	$93.13
Family	$121.38
Parent & Child	$70.20
AETNA DMO (DPO #319)	
Single	$20.50
Member & Spouse/Partner	$35.69
Family	$58.39
Parent & Child	$43.26