



State Monthly Active Group Dental Rates Effective 1/1/2027 to 12/31/2027

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
AETNA DENTAL EXPENSE PLAN (#399)			
Single	\$24.62	\$24.62	\$49.24
Member & Spouse/Partner	\$42.78	\$42.79	\$85.57
Family	\$69.98	\$69.98	\$139.96
Parent & Child	\$51.84	\$51.84	\$103.68
HORIZON DENTAL EXPENSE PLAN (#303)			
Single	\$24.62	\$24.62	\$49.24
Member & Spouse/Partner	\$42.78	\$42.79	\$85.57
Family	\$69.98	\$69.98	\$139.96
Parent & Child	\$51.84	\$51.84	\$103.68
AETNA DMO (DPO #319)			
Single	\$9.84	\$9.85	\$19.69
Member & Spouse/Partner	\$17.13	\$17.14	\$34.27
Family	\$28.02	\$28.03	\$56.05
Parent & Child	\$20.77	\$20.77	\$41.54