



**State Biweekly Active Group
Dental Rates**
Effective 12/28/2024 to 12/26/2025

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
AETNA DENTAL EXPENSE PLAN (#399)			
Single	\$10.61	\$10.60	\$21.21
Member & Spouse/Partner	\$18.43	\$18.43	\$36.86
Family	\$30.14	\$30.14	\$60.28
Parent & Child	\$22.34	\$22.32	\$44.66
HORIZON DENTAL EXPENSE PLAN (#303)			
Single	\$10.61	\$10.60	\$21.21
Member & Spouse/Partner	\$18.43	\$18.43	\$36.86
Family	\$30.14	\$30.14	\$60.28
Parent & Child	\$22.34	\$22.32	\$44.66
AETNA DMO (DPO #319)			
Single	\$4.54	\$4.52	\$9.06
Member & Spouse/Partner	\$7.89	\$7.88	\$15.77
Family	\$12.90	\$12.89	\$25.79
Parent & Child	\$9.56	\$9.56	\$19.12