



**State Monthly Active Group  
COBRA Monthly Dental Rates**  
Effective 1/1/2023 to 12/31/2023

PLAN/COVERAGE DESCRIPTION	COBRA RATES
<b>DENTAL EXPENSE PLAN (#399)</b>	
Single	\$42.42
Member & Spouse/Partner	\$73.72
Family	\$120.59
Parent & Child	\$89.33
<b>CIGNA (DPO #305)</b>	
Single	\$21.13
Member & Spouse/Partner	\$36.75
Family	\$60.08
Parent & Child	\$44.54
<b>HEALTHPLEX (DPO #307)</b>	
Single	\$10.38
Member & Spouse/Partner	\$18.06
Family	\$29.51
Parent & Child	\$21.87
<b>HORIZON DENTAL CHOICE (DPO #317)</b>	
Single	\$17.93
Member & Spouse/Partner	\$31.18
Family	\$50.98
Parent & Child	\$37.78
<b>AETNA DMO (DPO #319)</b>	
Single	\$21.45
Member & Spouse/Partner	\$37.33
Family	\$61.06
Parent & Child	\$45.24
<b>METLIFE (DPO #320)</b>	
Single	\$14.06
Member & Spouse/Partner	\$23.84
Family	\$38.48
Parent & Child	\$28.71