



**State Monthly Active Group
Cobra Monthly Dental Rates**
Effective 1/1/2019 to 12/31/2019

PLAN/COVERAGE DESCRIPTION	COBRA RATES
DENTAL EXPENSE PLAN (#399)	
Single	\$41.13
Member & Spouse/Partner	\$71.49
Family	\$116.94
Parent & Child	\$86.62
CIGNA (DPO #305)	
Single	\$23.48
Member & Spouse/Partner	\$40.83
Family	\$66.75
Parent & Child	\$49.49
HEALTHPLEX (DPO #307)	
Single	\$8.95
Member & Spouse/Partner	\$15.57
Family	\$25.44
Parent & Child	\$18.85
HORIZON DENTAL CHOICE (DPO #317)	
Single	\$18.48
Member & Spouse/Partner	\$32.13
Family	\$52.54
Parent & Child	\$38.92
AETNA DMO (DPO #319)	
Single	\$21.94
Member & Spouse/Partner	\$38.18
Family	\$62.46
Parent & Child	\$46.28
METLIFE (DPO #320)	
Single	\$15.26
Member & Spouse/Partner	\$25.87
Family	\$41.76
Parent & Child	\$31.16