



**State Monthly Active Group
COBRA Monthly Dental Rates**
Effective 1/1/2021 to 12/31/2021

PLAN/COVERAGE DESCRIPTION	COBRA RATES
DENTAL EXPENSE PLAN (#399)	
Single	\$43.37
Member & Spouse/Partner	\$75.37
Family	\$123.29
Parent & Child	\$91.34
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	\$18.83
Member & Spouse/Partner	\$32.76
Family	\$53.56
Parent & Child	\$39.68
AETNA DMO (DPO #319)	
Single	\$21.45
Member & Spouse/Partner	\$37.33
Family	\$61.06
Parent & Child	\$45.24
METLIFE (DPO #320)	
Single	\$14.06
Member & Spouse/Partner	\$23.84
Family	\$38.48
Parent & Child	\$28.71